

2010 National CLE Conference® in Vail, Colorado

DISCOUNT SKI LIFT TICKET ORDER FORM



Register by Fax...
when using VISA or MasterCard
Fax: (303) 860-0624



Or MAIL Form to...
CBA-CLE
1900 Grant Street, Suite 300
Denver, CO 80203-4303

Description	# of Days	2010 Ticket Window Price	Special LEI Discount thru 12/24/09*	# of Tickets	Total Price
Adult Lift Ticket					
	1-day	\$94	\$86	x \$86	
	2-days	\$188	\$172	x \$172	
	3-days	\$252	\$250	x \$250	
	4-days	\$324	\$322	x \$322	
	5-days	\$364	\$360	x \$360	
	6-days	\$404	\$398	x \$398	
	7-days	\$444	\$439	x \$439	
Child Lift Ticket (7-12)					
	1-day	\$58	\$55	x \$55	
	2-days	\$116	\$98	x \$98	
	3-days	\$153	\$147	x \$147	
	4-days	\$192	\$184	x \$184	
	5-days	\$232	\$222	x \$222	
	6-days	\$272	\$260	x \$260	
	7-days	\$312	\$298	x \$298	
Senior Lift Ticket (65+)					
	1-day	\$79	\$75	x \$75	
	2-days	\$158	\$144	x \$144	
	3-days	\$222	\$216	x \$216	
	4-days	\$284	\$276	x \$276	
	5-days	\$314	\$304	x \$304	
	6-days	\$344	\$332	x \$332	
	7-days	\$374	\$360	x \$360	
Total Ticket Price					\$

* PRICES SUBJECT TO CHANGE AFTER 12/24/09

** THESE TICKETS ARE NOT REFUNDABLE WITHOUT A WRITTEN MEDICAL STATEMENT FROM A PHYSICIAN.**
THERE WILL BE NO EXCEPTIONS. They may be used only during the period of January 4 through January 12, 2010.

PLEASE PRINT!!

Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____
 Program Registered for: _____ Reservations at (check one): Marriott _____ Other _____

Check enclosed made payable to "CBA-CLE" VISA MasterCard
 CC# _____ Exp. Date: _____
 Signature: _____

(Required for all credit card orders.)

All orders must include a check or charge card information

CLE Use Only: Check Number: _____ Approval Number: _____