CSOC
SHERIFF REGISTRATION FORM

CONFERENCE DATE:_____

NAME_____

OFFICE_____

PHONE_____-_____-_____

Sheriff (Cost $100) YES NO

Spouse attending? (Cost $50) YES NO

PAYMENT:

____Bill me for my attendance
____Check enclosed (Payable to County Sheriffs of Colorado)
____Credit Card: □ Visa / □ MasterCard

Card Number_____

Expiration Date_____

Please make your hotel reservations by calling
The conference will be held at:

To Be Announced

PHONE (720) 344-2762 **FAX** (720) 344-6500 **WEB**: www.csoc.org

EMAIL: gcure@csoc.org

2/19/2008 12:15 PM,glc