CSOC
UNDERSHERIFF REGISTRATION FORM

CONFERENCE DATE:_____

NAME_____

SPOUSE_____

OFFICE_____

PHONE_____-_____-_____

Undersheriff (Cost $175) YES NO

Spouse attending? (Cost $50) YES NO

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

Card Number_____

Expiration Date_____

Please make your hotel reservations ASAP 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

2/15/2008 12:59 PM,glc