

# COLORADO COUNCIL FOR WILDLIFE REHABILITATION 2009 EDUCATION SYMPOSIUM REGISTRATION

Please register ONE person per form. Photocopy form if more are needed or download them from our website.

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CCWR Member # (if current member) \_\_\_\_\_

Are you a licensed rehabilitator?  No  Yes # of years \_\_\_\_\_

To ensure you have a positive experience, please answer the following:

Would you like a Certificate of Attendance?  Yes  No

Do you plan to attend Friday night's reception?  Yes  No

Do you plan to attend Saturday night's optional dinner?  Yes  No

Saturday breakout session choice:  Birds  Mammals

Sunday breakout session choice:  Newcomers  Why Volunteer?

Lunch option preferred:  Vegetarian  Non-vegetarian  No preference

CCWR member: \$45 \$ \_\_\_\_\_  
or

Non-member: \$55 \$ \_\_\_\_\_

After January 25, add \$5 \$ \_\_\_\_\_

Early Renewal/Join CCWR  
for 2009-10 @ \$15 \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Mail to: CCWR Symposium  
PO Box 68  
Hygiene, CO 80533-0068

Make checks payable to: CCWR

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