

**COLORADO NATIVE PLANT SOCIETY  
WORKSHOP REGISTRATION FORM  
2009-2010**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (h): \_\_\_\_\_ PHONE (w): \_\_\_\_\_

PHONE (cell): \_\_\_\_\_ EMAIL: \_\_\_\_\_

I am a member of CONPS  Yes  No.  
(If not, you must add the annual membership fee to your payment. See below.)

Please register me for the following workshops at **\$25 per session**:

Workshop Title	_____	Session Date	_____	Fee \$	_____
Workshop Title	_____	Session Date	_____	Fee \$	_____
Workshop Title	_____	Session Date	_____	Fee \$	_____
Workshop Title	_____	Session Date	_____	Fee \$	_____
Workshop Title	_____	Session Date	_____	Fee \$	_____
Workshop Title	_____	Session Date	_____	Fee \$	_____

Total Registration Fees \_\_\_\_\_

Membership fee (if applicable) \$ \_\_\_\_\_

Total amount of check made payable to CONPS \$ \_\_\_\_\_

To encourage carpooling, are you willing to share your contact information with others in the same workshop?  Yes  No

**Mail Workshop Registration to:**  
**CoNPS, Linda Smith, 4057 Cottonwood Dr., Loveland CO 80538**

**MEMBERSHIP FEES** (circle one):

Please select an affiliate Chapter (members may attend events in all chapters):

Boulder  Metro-Denver  Northern  SE  SW  Plateau  San Luis Valley

Individual	\$20	Family	\$30
Senior	\$12	Student	\$12
Organization	\$30	Supporting	\$50
Lifetime	\$300		