

AUSWR CO/WY ANNUAL MEETING – 2013

Complete and return this Registration/Reservation Form in the envelope provided.
AUSWR CO/WY, P.O. BOX 27027, Denver, CO 80227

PLEASE MAKE CORRECTIONS AS NEEDED

Name:			
Address:			
City, State:			
Phone:			
Email:		Dues Renewal Date:	

GUEST(S) NAME(S)

Guest:			
Guest:			

Flu Shots	A flu shot is \$25 or free with your Medicare card. Order now and pay on-site at the nurses' station. Kaiser coverage does not apply.
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Flu Shots: How Many? _____	
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SUBMIT BY CHECK

Luncheon Choice	Chicken Qty:	Vegetarian Qty:	Provided by your Association
Annual dues \$5 per household			\$
Total:			\$

Please make check for dues payable to AUSWR CO/WY

Check Number: _____	Check Amount: \$ _____
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Reservations are due by October 1, 2014
Space will be limited to 300 attendees - Please reply promptly

Becoming an AUSWR Volunteer	Volunteers may be needed either short or long-term. If your interest is in the following areas please indicate below and you will be contacted
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- Area Rep
 Health Care
 Financial
 Board
 Media
 Other

If you have questions, comments or suggestions for our Board, please list them below and they will be presented by the moderator.
