



Embassy Suites Hotel - Downtown | 1420 Stout St, Denver, CO 80202

ASC/Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) -

City, State, Zip: \_\_\_\_\_

1. \_\_\_\_\_ RN #: \_\_\_\_\_

Email: \_\_\_\_\_ Day 1: Day 2: Both Days:

2. \_\_\_\_\_ RN #: \_\_\_\_\_

Email: \_\_\_\_\_ Day 1: Day 2: Both Days:

3. \_\_\_\_\_ RN #: \_\_\_\_\_

Email: \_\_\_\_\_ Day 1: Day 2: Both Days:

MATERIAL MANAGERS ARE INVITED FOR FREE - THURSDAY FROM 3:30PM - 7:30PM

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

CASCA Facility Member & Out-Of-State ASCA Facility Member Pricing Guide

Thursday, June 4, 2019 - Day 1

Friday, June 5, 2018 - Day 2

Day 1 Pass \$250.00/person

Day 2 Pass \$200.00/person

Day 1 Additional People \$200.00/person

Day 2 Additional People \$150.00/person

Both Day Package Deal \$400.00 /person

Package Deal Additional People \$275.00/person

Non Affiliated Surgery Centers & Others (Non-Vendors)

Daily Pass \$300 - Contact CASCA Staff for Group Pricing

Credit Card Payment Information



Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ (If different from above)

Signature: \_\_\_\_\_ Total to be Charged: \_\_\_\_\_

Fax this form with credit card payment to 503.208.7181 If mailing w/check, please make payable to CASCA and mail to: 224 W. Rainbow Blvd., Suite 3016 - Salida, CO 81201

P: (720) 316-7561 F: (503) 208 - 7181 E: casca.staff@coloradoasc.org W: www.coloradoasc.org