



GoTo Meeting Meeting Online Platform

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

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

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

E:\_\_\_

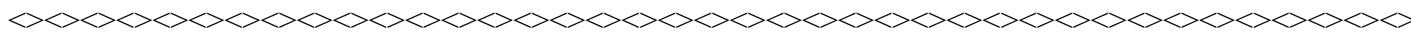
Attendees

A:\_\_\_

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

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

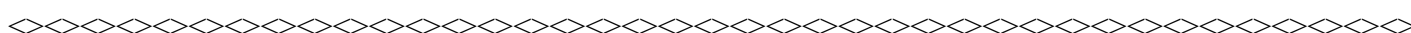
X:\_\_\_



O:\_\_\_

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

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



C:\_\_\_

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

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

Check #:\_\_\_

Fee \$:\_\_\_

Admin Use:

**CASCA Members Register For FREE**

***Non-Members: \$50.00 per attendee***

**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](mailto:casca.staff@coloradoasc.org) W: [www.coloradoasc.org](http://www.coloradoasc.org)