

2005 Preview Luncheon Registration

Name: _____

Company Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone: day _____ evening _____

Please reserve _____ seat(s) @ \$40 per person \$ _____

Please reserve _____ table(s) of ten @ \$400 \$ _____

Please reserve _____ corporate table(s) @ \$450 \$ _____

Total payment enclosed \$ _____

Method of payment:

_____ check (payable to **CU Foundation**)

_____ credit card (ALL major credit cards accepted)

_____ exp: _____

signature of cardholder: _____

All Registration Forms must be received by 01/28/05

FB Preview Luncheon, CU Foundation/Athletics, 4740 Walnut Street,
Boulder, CO 80301 [fax: 303-492-0288]



For Office Use Only: Date Rec'd: _____ Pmt: _____
