

2010 ROCKY MOUNTAIN EXPO & FALL FORECAST
"A 5280 View"

REGISTRATION FORM

- Individual Registration Fee: Before October 19, 2010
_____ - DMCAR and Burns Counselor Board Member - \$150
_____ - Individual - \$170
- Individual Registration Fee: After October 19, 2010 - \$190
- Franklin L. Burns School of Real Estate and Construction Management Student Registration: \$40; all others \$50
- BOX LUNCH REQUEST: \$15/each**
(Check above if you would like to receive a box lunch at the event)

**Please make duplicate copies for additional names*

Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail (for confirmation): _____

- If you do not wish your information to be shared with other participants, please check box.

NOTE: Your registration will be confirmed via e-mail. Registration fees are non-refundable. For more information about sponsorship opportunities or disability accommodations call 303.871.7987 or e-mail burnsevents@du.edu. By registering for this event I give permission to the University of Denver and press and media admitted to the event by the University of Denver the right to photograph, videotape or otherwise digitally collect my name, likeness, voice and sounds (as "Works") during my participation in the event. I further acknowledge the Works to be works made for hire, and otherwise irrevocably assign and grant to University of Denver all rights in these Works and the right to use or sublicense these Works and my name, likeness and biography, in the University of Denver's discretion, in all media and in all forms or purposes, including without limitation, advertising and other promotions for the University of Denver, without any further consideration to myself or my heirs, assigns, legal and personal representative(s).

Professional Affiliation(s): _____

Payment:

- Check Enclosed. Please make checks and credit cards payable to:

"2010 EXPO"

Attn: Shayna Braunstein

2101 S. University Blvd., Suite 380

Denver, CO 80208-8934

P: 303.871.2145 • Fax: 303.871.3121 • Email: shayna.braunstein@du.edu

- Charge my credit card \$ _____ amount. (Please include additional \$15 for box lunch if box was checked above)

Visa, Mastercard, Discover or AMEX Number: _____

Name on Card: _____ Exp. Date _____

Office Use Only:

Date received by DU: _____ DU Initials: _____ Payment Received: _____ Method of Payment: _____
Date Sent to DMCAR: _____ DMCAR Initials: _____ Date Received by DMCAR: _____ Date Processed: _____