



**Member/Sponsor
Additional Luncheon Invoice
Tuesday, June 20, 2017**

Due May 15, 2017

Company: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____

Please list names below:

Additional lunches @ \$40 each _____
Additional lunches @ \$40 each _____
Additional lunches @ \$40 each _____
Additional lunches @ \$40 each _____
Additional lunches @ \$40 each _____

Total Enclosed or paid on-line: \$ _____

Pay by credit card at www.co-sia.org

or

**Make check payable to:
Colorado Self Insurers Association**

**Mail to:
Victoria McColm
City of Colorado Springs
P O Box 1575-630
Colorado Springs, CO 80901-1575**