



**Member/Sponsor
Additional Luncheon Invoice
Tuesday, June 18, 2019**

Due May 15, 2019

Company:

Contact Name:

Contact Phone:

Contact Email:

Please list names below:

Attendee 1 @ \$45

Attendee 2 @ \$45

Attendee 3 @ \$45

Attendee 4 @ \$45

Attendee 5 @ \$45

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 1575-330
Colorado Springs, CO 80901-1575**