



**Member/Sponsor  
Additional Luncheon Invoice  
Tuesday, June 16, 2020  
Due May 15, 2020**

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Company:

Contact Name:

Contact Phone:

Contact Email:

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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:**

\$

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**Pay by credit card at [www.co-sia.org](http://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**