

Certified Horsemanship Association Booth Reservation for 2023 CHA International Conference at CSU

Company Name:				
Contact:				Phone
Address:	City:	Sta	ı <u>te:</u>	<u>Z</u> ip:
Email:				Fax:
Billing Address if different fr	om above:			
Agent:	Phone	e:		
Fax:	Email:			
Address:	City:	State:		_Zip:
	rriott, Fort Collins and Fric		SU Fo	oothills Camp
table and chair will be provided Total per Contract: \$550.00	and all meals that are provided to colled. Electricity available upon requestor entire event is contract and fax it to 859-255-072	st, additional fee.		·
Signature:		Date:		
If paying by check - please s Lexington, KY 40509	send payable to CHA to: CHA Corpo	orate Office at 1795 Alyshe	eba Wa	ay Suite 7102
If you want us to bill you, p	lease initial here:			
I Authorize CHA to charge:				
MasterCard/Visa <u>#</u>		CVC:		
In the name of:		Exp:		
X		Date:		