

NAIOP Colorado wants you to join the Race to the Post Season!

Please join us for the

2009 PAC Fundraising Event!

Watch the Colorado Rockies play the Milwaukee Brewers in the last home series before the playoffs!! *All proceeds benefit the NAIOP Colorado PAC and Small Donor Committee.*

Tuesday, September 29, 2009

RocHenge Super Suite 13

Coors Field, Downtown Denver

5:00 p.m. – 6:40 p.m. PreGame Networking & Buffet Dinner (cash bar)

6:40 p.m. – Enjoy the Game!

RocHenge Super Suites are located above the club level on the first base side of Coors Field behind the Rockies Dugout.

These are great seats!!

Register by Friday, September 25!



**Door Prize:
Two Tickets to
a Divisional Series Playoff Game**



Thank You to our Sponsors:

**Colliers, Bennett & Kahnweiler
Continuum Partners, LLC
Brownstein Hyatt Farber Schreck**



CommonCentsFund
A Voice for Commercial Real Estate in Colorado

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Early registration deadline is **Friday, September 25, 2009**. After that date, you may register on-site at the event on a space available basis. **Payment must accompany registration.** Faxing a copy of your check will not be accepted as payment. Confirmations will be emailed within 24-48 hours. ****If you do not receive a confirmation, you are not registered and will need to call the NAIOP office to follow up**** Receipt of confirmation does not guarantee approval of credit card payment. **Receipts are available to be picked up on-site on the day of the event.** If your name badge is not picked up by 7:30 am on the day of the event, your reservation will be released.

Cancellations must be received by the deadline date in order to receive a refund.

Registration: \$125

Includes parking, game ticket, buffet dinner, the chance to win two tickets to a divisional series playoff game & Rockies magazine.

Fax or mail form and payment to:

NAIOP-Colorado | 1720 S. Bellaire St., #110, Denver, CO 80222 | Tel: 303.782.0155 / Fax: 303.820.3844

REGISTRATION FORM

Deadline: Friday, September 25, 2009 Payment must accompany registration.

First Name _____ Last Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Check # _____

(Payable to NAIOP Colorado Chapter)

Visa AMEX MasterCard

Card #: _____

Expiration: Month _____ Year _____

Cardholder Name (Print): _____

Signature: _____

NAIOP
COMMERCIAL REAL ESTATE
DEVELOPMENT ASSOCIATION
COLORADO CHAPTER

Please complete one form for each person registering.