

# JANE FLOYD & ASSOCIATES

Johns Hopkins Medical and Surgical Gastroenterology Meeting  
January 29-February 2, 2012 – Silvertree Hotel – Snowmass Colorado

Please select the lift ticket option with special pricing available during your stay in Snowmass! Lift tickets are valid on all mountains, Buttermilk, Aspen Mountain, Aspen Highlands and Snowmass. **Tickets are valid from January 25 – February 7, 2012. Multiple day ticket DOES NOT need to be used in consecutive order. Tickets must be ordered no later than January 13, 2012 for special discount pricing.**

ACTIVITY	NUMBER OF TICKETS NEEDED	COST PER TICKET	TOTAL
Skiing/Boarding Lift Ticket - Adult	SINGLE DAY	\$ 85.00	\$ _____
	__ Number Needed		
	TWO DAY out of 10	\$146.00	\$ _____
	__ Number Needed		
	THREE DAY out of 10	\$211.00	\$ _____
	__ Number Needed		
	FOUR DAY out of 10	\$275.00	\$ _____
	__ Number Needed		
FIVE DAY out of 10	\$338.00	\$ _____	
__ Number Needed			
SIX DAY out of 10	\$392.00	\$ _____	
__ Number Needed			
SEVEN DAY out of 10	\$461.00	\$ _____	
__ Number Needed			

Please add a 5% Service Charge for Credit Card Payment \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

PRIMARY ATTENDEE NAME:

\_\_\_\_\_

DAYTIME PHONE NUMBER

( ) \_\_\_\_\_

NAME (S) OF OTHER ACTIVITY REGISTRANT (S)

\_\_\_\_\_

CELL PHONE NUMBER

( ) \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_

E-MAIL ADDRESS

STAYING AT \_\_\_\_\_

PAYMENT METHOD (check one)  CHECK

VISA  MASTERCARD

Credit Card No \_\_\_\_\_

Expiration Date \_\_\_\_\_

NAME ON CREDIT CARD (please print)

\_\_\_\_\_

AUTHORIZATION:

By submitting this form, you are authorizing Jane Floyd & Assoc. to charge each "Total Amount" for activity fees (above) to the Credit Card number provided and confirming that the fees are non-refundable.

CARDHOLDER SIGNATURE

\_\_\_\_\_

**ALL TICKETS ARE NON-REFUNDABLE**

Post Office Box 5843 Snowmass Village, Colorado 81615  
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