

# DISCOUNT SKI LIFT TICKET ORDER FORM - PRICES ARE ONLY VALID 1/2/2018 THRU 1/8/2018



**FAX form to ...** when using VISA, MC or AmEx  
**FAX to: (303) 860-0624**



**Or MAIL form to ...**  
**CBA-CLE, 1900 Grant St, Suite 300, Denver, CO 80203-4303**

Description	No. of Days	Vail Advance Purchase Online Pricing	SPECIAL LEI DISCOUNT	No. of Tickets	Total Price
<b>Adult Lift Ticket (13-64):</b>					
	<input type="checkbox"/> 1-DAY	\$164	<b>\$119</b>		
	<input type="checkbox"/> 2-DAY	\$328	<b>\$229</b>		
	<input type="checkbox"/> 3-DAY	\$463	<b>\$334</b>		
	<input type="checkbox"/> 4-DAY	\$596	<b>\$434</b>		
	<input type="checkbox"/> 5-DAY	\$715	<b>\$524</b>		
	<input type="checkbox"/> 6-DAY	\$822	<b>\$604</b>		
	<input type="checkbox"/> 7-DAY	\$924	<b>\$674</b>		

<b>Senior Lift Ticket (65 plus):</b>					
	<input type="checkbox"/> 1-DAY	\$154	<b>\$109</b>		
	<input type="checkbox"/> 2-DAY	\$308	<b>\$219</b>		
	<input type="checkbox"/> 3-DAY	\$438	<b>\$324</b>		
	<input type="checkbox"/> 4-DAY	\$556	<b>\$424</b>		
	<input type="checkbox"/> 5-DAY	\$665	<b>\$514</b>		
	<input type="checkbox"/> 6-DAY	\$570	<b>\$594</b>		
	<input type="checkbox"/> 7-DAY	\$854	<b>\$664</b>		

<b>Child Lift Ticket (5-12):</b>					
	<input type="checkbox"/> 1-DAY	\$113	<b>\$99</b>		
	<input type="checkbox"/> 2-DAY	\$226	<b>\$191</b>		
	<input type="checkbox"/> 3-DAY	\$324	<b>\$287</b>		
	<input type="checkbox"/> 4-DAY	\$412	<b>\$387</b>		
	<input type="checkbox"/> 5-DAY	\$495	<b>\$467</b>		
	<input type="checkbox"/> 6-DAY	\$762	<b>\$537</b>		
	<input type="checkbox"/> 7-DAY	\$637	<b>\$597</b>		

**THESE TICKETS ARE NOT REFUNDABLE WITHOUT A WRITTEN MEDICAL STATEMENT FROM A PHYSICIAN.  
 THERE WILL BE NO EXCEPTIONS. THEY MAY BE USED ONLY DURING THE PERIOD OF JANUARY 2 THROUGH JANUARY 8, 2018.**

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Program Registered for: \_\_\_\_\_

Reservations at (check one):  Marriott  Other When are you arriving? \_\_\_\_\_

**PAYMENT METHOD:**  Enclosed is my check made payable to CLE  VISA  MasterCard  AmEx

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (Required for credit card orders) \_\_\_\_\_

**ALL ORDERS MUST INCLUDE A CHECK OR CHARGE CARD INFORMATION**