



**California Medical Association Alliance
Fall Leadership Conference 2009
*Honoring the Past, Embracing the Future***

**October 16-18, 2009
Disneyland Hotel, Anaheim, CA**

- Please complete the registration form and return by mail or fax with a check or with credit card information.
- Registration must be received no later than October 1, 2009. No refunds after October 8, 2009.
- Disneyland Hotel Reservations are made on your own. Please see information below at the bottom of the page.

Mail to: Debbi Ricks, President Fax to: 408-354-5543 Email to: alliance@cmanet.org Web: www.cmaa.net
CMA Alliance Questions: Beverly Hook, Executive Director: 916-551-2028
17480 High Street Lisa Smith: 916-834-2666, Naomi Flam: naomiflam@comcast.net, Conference Co-Chairs
Los Gatos, CA 95030 Debbi Ricks, President: 800-492-4054

Name _____ Spouse _____
 County Alliance _____ County Position _____
 State Position _____ National Position _____
 Address _____ City/Zip _____
 Phone _____ FAX _____ Cell _____
 Email _____

A. Registration Includes registration materials and the following events:
 Friday: Committee meetings, trainings, informal reception in the president's suite
 Saturday: Breakfast, speakers, lunch, workshops
 Sunday: Breakfast, speakers, board meeting
 Registration.....\$125 \$ _____

B. Additional Meals (Optional but recommended)
 Friday Dinner: Pay for dinner at the restaurant. Specific information to follow. I will attend _____
 Saturday Dinner: House of Blues.....X \$ 65 \$ _____

C. Guests/Spouses/Partners
 Friday Dinner: Pay for dinner at the restaurant. Specific information to follow. # of guests _____
 Guest Name/s: _____
 Saturday Breakfast.....# of Guests _____ X \$ 28 \$ _____
 Guest Name/s: _____
 Saturday Plated Lunch & Speakers.....# of Guests _____ X \$ 40 \$ _____
 Guest Name/s: _____
 Saturday Dinner: House of Blues.....# of Guests _____ X \$ 65 \$ _____
 Guest Name/s: _____
 Sunday Plated Breakfast & Speaker.....# of Guests _____ X \$ 35 \$ _____
 Guest Name/s: _____

E. Other: Contribution to CMAA Foundation [501 (c) (3)].....\$ _____
 Contribution to CMAA Scholarship Fund [501 (c) (6)].....\$ _____

F. CALPAC: Alliance Membership.....\$ 25 \$ _____

G. **Payment** **Total** \$ _____

___ Enclosed is my check payable to CMAA
 ___ Please charge my ___ VISA ___ MasterCard ___ American Express **\$4.00 convenience fee** will be added for all credit card charges
 Account # _____ Exp. Date _____ Security Code _____

Print Name on Card _____ Signature _____

- Hotel reservation's deadline is **September 18 2009**, in order to receive the special room rate of **\$184.00**.
- Web reservations are through the CMA: <https://resweb.passkey.com/go/cmac09>. Under special requests at the end of the reservation indicate "Request Wonder Tower".
- Phone reservations: call the Disneyland Hotel directly, 714-778-6600. Request the Wonder Tower.
- The hotel is located at 1150 Magic Way Anaheim, CA 92802.
- Scholarships available. Contact Debbi Ricks, President 800- 492-4054 for information.