



CALIFORNIA MEDICAL ASSOCIATION ALLIANCE

Winter Conference Registration "short" Form

Friday & Saturday ~ February 3-4, 2012

Name _____ County _____

Address _____ County/State Position/s _____

Telephone (H) _____ (C) _____

Email _____

Alliance Member – Registration – DEADLINE - January 15, 2012

___ Yes, I will attend \$195.00

___ vegetarian meal selections

Spouse Information

___ Yes, my spouse will attend the reception & Friday dinner \$60.00

Payment

___ Check, payable to CMAA

___ Credit card + \$5.00 Visa or MC _____ card number _____
expiration date _____ security number _____

TOTAL PAYMENT \$ _____

Mail form to: CMA Alliance, 1201 J Street, Suite 300, Sacramento, CA 95814

Fax: 916-551-2029, or Email: cmaa@me.com

Questions, contact **Sharon De St Jeor**, sdestjeor@aol.com or CMAA office, 916-551-2028

Marriott Newport Beach Hotel Information

900 Newport Center Drive Newport Beach, CA 92660

Phone: 1-506-474-2009 / 1-800-266-9432

You may reserve your hotel room online:

<https://resweb.passkey.com/go/camedicalassocalliance>

Hotel Registration Deadline: January 2, 2012

We are still in the process of selecting the speakers and working on the schedule, *keep checking the website for updates.* www.cmaalliance.com

