

RESPONSE CARD

Please RSVP no later than March 20, 2009

_____ CMAA Member (\$100 per person) for ___ Attendee(s) – before March 20

_____ CMAA Member (\$125 per person) for ___ Attendee(s) – after March 20

_____ Non-Member (\$150 per person) for ___ Attendee(s) – before March 20

_____ Non-Member (\$200 per person) for ___ Attendee(s) – after March 20

_____ Owner Access Sponsor – \$2,250 (Members Only, Limit 10)

_____ Table Sponsor – CMAA Member \$1,250 – before March 20

_____ Table Sponsor – CMAA Member \$1,750 – after March 20

_____ Table Sponsor – Non-Member \$1,750 – before March 20

_____ Table Sponsor – Non-Member \$2,250 – after March 20

_____ CMAA, please reserve (2) seats at our Sponsor Table for a deserving scholarship recipient and their guest.

Total amount due \$ _____ . Check Enclosed

Charge my: VISA MasterCard American Express

Card No. _____ Exp. Date _____

Name on card _____

Company _____

Telephone Number _____

E-Mail address (for confirmation) _____

Remit to: P.O. Box 41202, Long Beach, CA 90853 or fax (562) 296-9708

Please list guests on reverse side.

For more information, please contact
Kelly Asper at 562-434-8409 or sccmaa@cmaasc.org.

No refunds for cancellations after March 20, 2009.

GUEST NAMES

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____