

AAMC / CAVC

Annual Meeting Registration Form

Registration Cost: \$175 AAMC or CAVC Member (\$99 Child 12 & under) \$225 Non-Member (\$150 Child 12 & under)
 Saturday Only: \$100 AAMC or CAVC Member \$150 Non-Member

Price includes: **Thursday** Education Session & Welcome Reception; **Friday** Board Meeting, Reception & Dinner, Auction; **Saturday** Members Meeting
Does not include Resort Accommodations, Golf, Friday Escape The Room adventure

NOTE No discount for attending partial events/days - Except for Saturday Only Fee.

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Register each person (including spouses & children of all ages) attending each event. For meeting planning requirements, please circle Y (yes) or N (no) for each event listed.

Name _____ **Amount** _____
Please print name as you desire it to appear on badge

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____


Thursday		Friday			Saturday		
Education Session	Welcome Reception	Escape The Room	Board Meeting	Dinner	Breakfast	AAMC/CAVC Business Session	Lunch and Awards
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

(Escape the Room & Lunch) # _____ X \$45 per person \$ _____
 TOTAL \$ _____

Please complete this 2015 AAMC/CAVC Annual Meeting Registration Form and return it with your check made payable to **"CAVC"** or completed credit card information no later than the **DEADLINE** date of **September 8th** to: Deborah Lara, CAVC/AAMC Annual Meeting, 80 South Lake Avenue, Suite 538, Pasadena, CA 91101, fax (626) 229-0777. If you have any questions, please call Deborah at (626) 229-0900.

Visa Master Card American Express

Credit Card # _____ Exp. Date _____

Card billing street address number _____ V-CODE _____ Where to find:  Credit

City, State, Zip _____

Name as it appears on card _____ Signature _____