

CMAA 2010 Pre-Conference Workshop Registration Form



Registrations will be processed as received and only with full payment. Additional registration forms may be photocopied or obtained from the CMAA National Headquarters. **Please note:** Registration for Pre- and At-Conference Workshops is separate from Conference registration. Participants are limited to one workshop per day. The cancellation/refund policy may be found on page 8.

PLEASE PRINT OR TYPE

Date: _____ Membership ID: _____ CCM CCE MCM Non-Member

Name: _____ Nickname (for badge): _____ Club or Business: _____

Address: _____ City/State/ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

SELECT ONLY ONE CLASS PER DAY

	Member/Non-Member (Received by 12/30/09)	Member/Non-Member (Received after 12/30/09)
Friday, February 5 – Monday, February 8, 2010		
<input type="checkbox"/> 1001 California Central Coast Pre-Conference Wine Workshop	\$1,250/\$1,350	\$1,300/\$1,450 **Single supplement: \$250
Saturday, February 6 – Monday, February 8, 2010		
<input type="checkbox"/> 1002 The Bicycle Chautauqua "Does" Southern California: Riding, Reflecting and Pursuing the CCM Mission	\$100/\$125	\$125/\$150
Sunday, February 7 – Monday, February 8, 2010 (8:00 a.m. – 5:00 p.m.)		
<input type="checkbox"/> 1003 Introductory Sommelier Course — Two-day Workshop Sponsored by the CMAA International Wine Society	\$825/\$925	\$875/\$975
Sunday, February 7, 2010 (7:00 a.m. – 3:00 p.m.)		
<input type="checkbox"/> 1004 Influence and the Art of Persuasion	\$400/\$450	\$450/\$500
<input type="checkbox"/> 1006 The 2010 Membership Stimulus Package	\$400/\$450	\$450/\$500
Monday, February 8, 2010 (8:00 a.m. – 4:00 p.m.)		
<input type="checkbox"/> 1007 Improve the Skill Needed Most by Club Managers and Club Leaders; Listening!	\$400/\$450	\$450/\$500
<input type="checkbox"/> 1008 Board Dynamics II: The Graduate Course	\$400/\$450	\$450/\$500
<input type="checkbox"/> 1011 Yacht Club Managers Symposium	\$450/\$500	\$500/\$550

No cancellations will be honored after January 15, 2010.

TOTAL AMOUNT DUE \$ _____

METHOD OF PAYMENT Check (payable to CMAA)
 Personal Card Club Card American Express VISA MasterCard

Card Number: _____ / _____ / _____ Exp. Date: _____/_____

Signature: _____ Amount to be Charged:

Billing ZIP Code: _____

**MAIL Credit Card and
Check Payments to:**
 Club Managers
 Association of America
 PO Box 1918
 Merrifield, VA 22116-1918

CEB10

Note: Electronic registrations can be accessed at www.cmaa.org/events.aspx or fax registrations to (703) 739-0124 (with credit card payments only). Do not duplicate registrations by faxing and mailing a hard copy to the CMAA lockbox. Double charges may be incurred.