

# CAVC / AAMC

## Annual Meeting Registration Form

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

**Price includes:** Thursday Board Meeting & Lunch, Thursday Reception; Friday Reception, Dinner, Auction; Saturday Members Mtg., Saturday Reception, Dinner & Entertainment.  
**Does not include** Golf, Resort Accommodations, Friday Casino Tour & Lunch

**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 this function. For meeting planning requirements, please circle Y (yes) or N (no) for each event listed.**

		Thursday		Friday		Saturday					
		Board Mtg. & Lunch	Reception	Casino Tour & Lunch	Reception & Dinner	Members Meeting	Reception & Dinner				
<b>Name</b>	<b>Amount</b>	Y	N	Y	N	Y	N	Y	N	Y	N
Please print name as you desire it to appear on badge											
_____	\$ _____	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

(Casino & Lunch) # \_\_\_\_\_ X \$20 per person \$ \_\_\_\_\_

Check  here if you require information on auxiliary accommodations in order to participate.

Please complete this 2010 CAVC/AAMC 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: Sandra Larson, CAVC/AAMC Annual Meeting, 150 South Los Robles Avenue, Suite 830, Pasadena, CA 91101, fax (626) 229-0777. If you have any questions, please call Sandy at (626) 229-0900.

Visa    Master Card    American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

find: \_\_\_\_\_  
 Credit card billing street address number / zip code \_\_\_\_\_

V-CODE \_\_\_\_\_ Where to \_\_\_\_\_



Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

# CAVC / AAMC

## 21th Annual Bob Tonne Golf Classic

### Golf Registration Form

**WHERE:** Indian Wells Resort  
76-661 Highway 111  
Indian Wells, CA (800) 248-3220

**WHEN:** Friday, September 24, 2010

**TIME:** 7:00 A.M. Registration  
8:00 A.M. Shotgun Start

**FEES:** \$150 per golfer (green fees, practice balls & lunch)  
(lunch at course following tournament)

**FOURSOME DISCOUNT** **\$540**

\$300 per Hole Sponsor

**FORMAT:** 4 - Person Scramble

Please complete this Golf & Hole Sponsor Registration Form and return it with your check made payable to "CAVC" or completed credit card information no later than the **DEADLINE** date of

*There will be no billing for golf or hole sponsor.*

If you have any questions, please contact Golf Chairman Stu Case at (775) 787-7946  
The Golf Awards will be presented Friday night at dinner.



**PLEASE TYPE OR PRINT CLEARLY**

<b>Hole Sponsor</b>	<b>Company:</b>	<b>Contact Name:</b>	<b>\$300</b>
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Player Name	Company	Index #	Fee	Total
			\$150	\$
			\$150	\$
			\$150	\$
			\$150	\$
Please keep this group together <input type="checkbox"/> Okay to split up <input type="checkbox"/>			<b>TOTAL: \$</b>	

Visa     Master Card     American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit card billing street address number / zip code \_\_\_\_\_ V-CODE \_\_\_\_\_ Where to find:  

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_