



THE BRITISH INVASION

Alliance Foundation Fundraiser & Dinner

Delicious Food, Music & Drawings for Great Prizes
Friday, April 5, 7:00 pm Westin Crown Center - Kansas City
Tickets - \$130 Business Casual

Advanced Reservations with Payment Required by March 29, 2019

Name _____

Address _____

City/State/Zip _____

Tel _____ Email _____ County/Medical Society _____

Number attending at \$130 per ticket _____ Total paid \$ _____

Make event registration check payable to MSMA Alliance. Minimum of \$40 of each ticket designated to the Foundation Fund of your choice. Please indicate:

_____ Missouri State Medical Association Alliance Scholarship Fund _____ Missouri State Medical Foundation

Unable to attend? Want to donate additionally? Please make check payable to fund of your choice and circle amount to be donated. You will be listed as a "Donor" in the event program.

\$50 \$100 \$250 \$500 Other \$ _____

Payment by March 29 / Make one check payable to MSMA Alliance - Include amount for Foundation Fundraiser and/or donation / Mail to:
Allene Wright / 518 Pinewood Drive / St. Joseph, MO 64506

Refund / Attendance Policy
Full refunds will be made if notification of cancellation is received SEVEN days prior to the opening event.

Dietary Restrictions
Dietary restrictions will be made if notified with this registration form. Please list:

Hotel Reservations
Make hotel reservations by **March 4** online www.msma.org/convention-registration-lodging
Or call the Westin Crown Center at 1-888-625-4988. Rates start at \$151 per night plus charges and taxes. If calling, please mention "2019 Missouri State Medical Association Annual Convention" to receive your group rate.

Contact / Meeting Questions
Allene Wright at 816-364-5132 / 816-261-8784 / allene@stjoelive.com
Sue Ann Greco at 314-808-5555 / suanngreco@sbcglobal.net
Anne Turnbaugh at 573-635-1925 / heintz2085@aol.com

Find Annual Meeting details, schedule, fundraiser, awards, and forms at www.msma.org/alliance-annual-meeting.

FOR OFFICE INFORMATION ONLY
Checked in by: _____
Donated Item: # _____
Amount received: \$ _____
Check: # _____
Credit VISA / MC / Discover / AmEx