



2019 Alliance Annual Meeting Westin Crown Center - Kansas City April 5-6, 2019

- “The British Invasion” Foundation Fundraiser & Dinner
- “Cabi” Fashion Show & Boutique
- Spirit of the Alliance Luncheon & Awards
- Alliance Installation Luncheon

**Hotel Reservations by March 4
Advanced Meeting Reservations Required by March 29**

www.msma.org/alliance-annual-meeting

Name (for badge) _____

Address _____

City/State/Zip _____

Email _____ Mobile _____ Home Phone _____

County Alliance/Medical Society _____

Please check all that apply:

- National Officer
 National Committee
 State Officer
 State Committee Chair
 County President
 Past State President
 County President-Elect
 Guest
 Member-At-Large

EVENTS	FEES	# ATTENDING	TOTAL
<i>Registration Fee includes Friday & Saturday Beverage Break Service, Materials & Audio/Visual Set-Up</i>			
Early Bird Registration Fee	\$55	x # ____ attending	\$ ____
Registration Fee - Received after March 15	\$70	x # ____ attending	\$ ____
Breakfast/Breaks in Exhibit Hall <i>Sponsored by MSMA</i>	FREE		\$ FREE
Alliance Hospitality/Cabi Fashion Boutique <i>Thursday, April 4 – 7:00-9:00 pm</i>	FREE	x # ____ attending	\$ FREE
Spirit of the Alliance Awards Luncheon <i>Friday, April 5 – Noon Entrée is chicken. Indicate ____ non-meat alternative</i>	\$55	x # ____ attending	\$ ____
Past State Presidents' Reception <i>Friday, April 5 – 3:00 pm</i>	\$15	x # ____ attending	\$ ____
“The British Invasion” Foundation Fundraiser <i>Friday, April 5 - 7:00-10:00 pm. Dress: Business Casual</i> <i>IMPORTANT: Paid reservation required by March 29. No tickets sold during meeting.</i> <i>Minimum of \$40 per ticket goes to donation preference. Indicate below.</i>	\$130	x # ____ attending	\$ ____
<input type="checkbox"/> Missouri State Medical Association Alliance Scholarship Fund <input type="checkbox"/> Missouri State Medical Foundation <input type="checkbox"/> I am unable to attend the Foundation Fundraiser, but wish to donate.			Donation \$ ____
Installation Luncheon <i>Saturday, April 6 – Noon</i>	\$50	x # ____ attending	\$ ____
TOTAL AMOUNT PAID			\$ ____

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@stioelive.com
Sue Ann Greco at 314-808-5555 / suanngreco@sbcglobal.net
Anne Turnbaugh at 573-635-1925 / heintz2085@aol.com

FOR OFFICE USE ONLY
Check Rec'd _____
Check # _____
Rec'd by _____
<i>The Alliance is a 501 (c) 3 organization.</i>