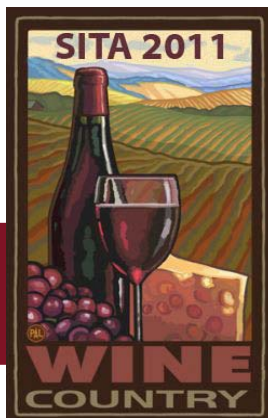


# SITA 2011

## OCTOBER 2-5, 2011



## STATE INSURANCE TRADE ASSOCIATIONS CONFERENCE REGISTRATION FORM

Napa Valley Marriott Hotel & Spa  
3425 Solano Avenue, Napa, CA 94558  
Tel: 707-253-8600

Special Conference Hotel Room Rate for the Napa Valley Marriott Hotel and Spa is \$189.00/per night plus tax. To make a reservation, please call 707-253-8600 or online at: [www.napavalleymarriott.com](http://www.napavalleymarriott.com). Room rate block is under "SITA Conference". Please note that the special rate applies from Sun, Oct 2nd - Wed, Oct 5th. For guests arriving early on Sat, Oct 1st, we recommend that you make your room reservation asap due to very limited availability. Also, the Marriott has agreed to honor our special rate for guests who would like to extend their stay to Thurs, Oct 6th.

**Conference Prices:** (Please use one form per association attendee. Check applicable boxes.)

<input type="checkbox"/> Association Attendee	\$399 per person	= \$ _____
<input type="checkbox"/> Includes conference registration, welcome reception, all lunch meals and one group dinner event (Tues, Oct 4th).		
<input type="checkbox"/> Guest Attendee(s)	_____ x \$195	= \$ _____
<input type="checkbox"/> Includes welcome reception and one group dinner event (Tues, Oct 4th).		
<input type="checkbox"/> Golf Participant(s)	_____ x \$125	= \$ _____
<input type="checkbox"/> Includes one round of golf (Sun, Oct 2nd) at and transportation to and from the Chardonnay Golf Course. Tee time begins at 9am.		
	<b>TOTAL:</b>	= \$ _____

**PAYMENT:** PLEASE MAKE CHECKS PAYABLE TO THE PERSONAL INSURANCE FEDREATION OF CALIFORNIA. RETURN PAYMENT AND REGISTRATION FORM TO: ATTN: ELIZABETH WHITE, PERSONAL INSURANCE FEDERATON OF CALIFORNIA, 1201 K STREET, SUITE 1220, SACRAMENTO, CA 95814.

**REGISTRATION DEADLINE:** REGISTRATION AND PAYMENT MUST BE RECEIVED BY SEPTEMBER 2, 2011. A CONFIRMATION EMAIL WILL BE SENT UPON RECEIPT. IF YOU HAVE ANY QUESTIONS, CONTACT ELIZABETH AT 916-442-6646 OR [EWWHITE@PIFC.ORG](mailto:EWWHITE@PIFC.ORG).

**CANCELLATIONS:** DUE TO CONTRACTUAL OBLICATIONS, CANCELLATIONS CANNOT BE ACCEPTED. THERE ARE NO REFUNDS. SUBSTITUTE ATTENDEES ARE ACCEPTED IN LIEU OF CANCELLATION.

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_

Special Needs (e.g. dietary, physical): \_\_\_\_\_