

CALIFORNIA SOCIETY OF MUNICIPAL ANALYSTS
Fall 2002 Conference

Registration Form

Place: **Thursday, October 10, 2002**
Banker's Club
Carnelian Room
555 California Street, 52nd Floor
San Francisco

Date: Thursday, October 10, 2002

Time: 9:00 AM to 3:45 PM : Conference
3:45 PM to 5:00 PM : Cocktail Reception

Cost: CSMA Members (regular and associate) -- \$100.00
Non-members -- \$120.00

Name: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Lunch Preference: Chicken: _____ Fish: _____ Vegetarian: _____

CSMA Member: _____ Non-Member: _____

Pre-Conference Event:

Will you participate in the Redevelopment Tour on the 9th? Yes: _____ No: _____

Please return this form along ***with a check payable to the California Society of Municipal Analysts*** (\$100.00 for CSMA members and \$120.00 for non-members) by **September 30, 2002** to:

Gary Davis
c/o MBIA Insurance Corporation
600 Montgomery Street, 44th Floor
San Francisco, CA 94111
Email: gary.davis@mbia.com
Facsimile: 415-352-1842

CSMA's Taxpayer Identification Number is 94-3169680.