

CALIFORNIA SOCIETY OF MUNICIPAL ANALYSTS

Spring 2003 Conference

Thursday April 10, 2003

Registration Form

Place: **Park Hyatt**
333 Battery Street
San Francisco

Time: 9:00 AM to 3:30 PM: Conference
3:30 PM to 5:00 PM: Cocktail Reception

Cost: CSMA Members and NFMA Affiliates -- \$120.00
Non-members -- \$150.00

Name: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

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

CSMA Member: _____ NFMA Affiliate (please note chapter): _____

Non-Member: _____

Please return this form along *with a check payable to the California Society of Municipal Analysts* (\$120.00 for CSMA Members and NFMA Affiliates, \$150.00 for non-members) by **April 3, 2003** 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.