

**Security Traders Association of Los Angeles**  
**74th Annual Convention Registration Form**  
**March 20-22, 2009 La Quinta Resort and Club, La Quinta, California**  
**Convention Registration - Early Deadline February 17th ♦ Hotel Reservation Deadline February 17th**

Name: \_\_\_\_\_ Badge Name(if different) \_\_\_\_\_  
Last First Middle Initial

Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Convention Registration - Additional Activity Fees**

	Early Registration	Late Registration (after Feb. 17)	
___ Local STALA Member	\$ 215.00	\$ 240.00	\$ _____
___ Spouse/Guest*	\$ 215.00	\$ 240.00	\$ _____
___ Name of Spouse/Guest _____			
___ STA Affiliate Member	\$ 250.00	\$ 275.00 Affiliate _____	\$ _____
___ Non STA Member	\$ 275.00	\$ 300.00	\$ _____
___ Complimentary: STA Officers, Governors, Affiliate Presidents			\$ N/C
___ Golf: PGA West	\$ 199.00	___self ___guest	\$ _____
(Stadium Course) Pair me with: _____			
___ Tennis Tournament	\$ 40.00	___self ___guest	\$ _____
___ Pool Party	no charge	___self ___guest	\$ N/C
Children are welcome to attend the Pool Party Lunch @ \$10 ea: _____ # of children attending			
___ Texas 50/50 Hold 'em Poker Tournament – to benefit STA/PAC - \$100 per person			\$ _____
___ Blackjack 50/50 Tournament – to benefit STA/PAC \$50 per person			\$ _____

Player/s Name/s \_\_\_\_\_  
**Total Fees: \$ \_\_\_\_\_**

I will attend: \_\_\_ Friday Reception\* \_\_\_ Saturday Business Meeting\* \_\_\_ Saturday Dinner\* (\*adults only, please)

**Method of Payment: Please fill out your credit card information or include a check payable to STALA**  
**Stala accepts ONLY: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Diners Club**

Card #: \_\_\_\_\_ Exp. \_\_\_\_\_ Signature: \_\_\_\_\_

**Hotel Reservations – Deadline – February 17, 2009**

Hotel will **not** accept reservations directly from individuals. This form must be completed in order to receive a room reservation, and must be accompanied by form of payment indicated below, and must be received by 2/17

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Accommodations: \_\_\_ Single /Double - \$325 Share with: \_\_\_\_\_

Suite information available upon request only- Please call (847) 673-2013. All rates are subject to current tax and hotel resort fees

**Payment: Mandatory first night's deposit payable to:** La Quinta Resort & Club, or guarantee to credit card:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Diners Club

Card #: \_\_\_\_\_ Exp. \_\_\_\_\_ Signature: \_\_\_\_\_

**CANCELLATION POLICY:** ROOM DEPOSITS ARE REFUNDABLE **ONLY** IF WRITTEN NOTICE OF CANCELLATION IS RECEIVED SEVEN DAYS PRIOR TO ARRIVAL, AND **ONLY** IF STALA IS ABLE TO RE-SELL YOUR ENTIRE ROOM RESERVATION. CANCELLATIONS MUST BE FAXED TO MFL ASSOCIATES, **NOT TO THE HOTEL. CANCELLATION OF CONFERENCE REGISTRATION MUST BE RECEIVED IN WRITING BY MARCH 8, 2009.** IF PAYING ALL FEES BY CREDIT CARD, YOU MAY FAX ENTIRE FORM TO (847) 674-7366, OR MAIL WITH YOUR CHECK TO: MFL ASSOCIATES, INC., 6540 NORTH KILBOURN AVENUE, LINCOLNWOOD, IL 60712

**OR YOU MAY REGISTER ON-LINE AT [www.stala.org](http://www.stala.org)**

FOR INFORMATION CALL CONFERENCE HEADQUARTERS AT (847) 673-2013 OR EMAIL- [info@mflassociates.com](mailto:info@mflassociates.com)