

STARS OF LIFE

April 22-23, 2019
Sheraton Grand - Sacramento, CA



REGISTRATION FORM

April 22-23, 2019 • Sheraton Grand Hotel, Sacramento, CA

Registration deadline is Monday, April 8, 2019.

Host and Star registration fee includes committee meetings, opening session, materials, refreshments, reception, and dinner (registration fee does not include travel expenses, hotel, or meals other than those specified). Attendance at committee meetings requires registration and payment of registration fees. There is an additional \$25 per person charge for registration after the deadline and for on-site registration. Late Star registrations are discouraged. Star registrations received after the deadline may not be included in the printed program and may not receive an individual legislative certificate. **Star of Life** Full Registration includes medal, legislative certificate, name entered in the prize drawing and photo/bio published in the yearbook. Full registration includes the breakfast, reception and dinner on Monday, April 22nd. **Star of Life** Yearbook Honoree includes medal, legislative certificate, and photo/bio published in the yearbook.

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

ATTENDEES —

Star	Host	Guest	Name	Title / Relationship	E-mail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

EARLY REGISTRATION

CAA MEMBERS —

This event is for CAA members only. Non-members may attend if a membership application is submitted with membership dues.

	# People	Total
Star of Life Full Registration (For Stars)	_____	@ \$130 = \$ _____
Star of Life Yearbook Honoree (For Stars Not Attending)	_____	@ \$ 65 = \$ _____
Regular/Host Full Registration (For CAA Members)	_____	@ \$155 = \$ _____
Breakfast Only (Family/Guest)	_____	@ \$ 40 = \$ _____
Dinner Only (Family/Guest)	_____	@ \$ 60 = \$ _____

REGULAR REGISTRATION

For registration forms received after April 8, 2019, add: _____ @ \$25 = \$ _____

TOTAL \$ _____

PAYMENT —

Check payable to **California Ambulance Association** Mastercard Visa American Express
Card Number _____ Exp Date _____ 3-4 Digit CID _____
Name on Card _____
Address (if different from above) _____
Signature _____

Registration deadline is Monday, April 8, 2019. Cancellations must be received in writing by April 8, 2019. No refunds shall be given after April 8, 2019. Registration may be transferred to another individual within the same company. Please complete and return to:

CALIFORNIA AMBULANCE ASSOCIATION

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833 • 877.276.1410 (toll free) • 916.924.7323 (fax) • www.the-caa.org

STARS OF LIFE

April 22-23, 2019
Sheraton Grand - Sacramento, CA



STARS OF LIFE BIO FORM

Please Complete One Form per Star

Star Name _____
Company _____
Title / Position _____ Length of Service _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

2019 STARS OF LIFE PROGRAM

Each Star will be featured in the 2019 **Stars of Life** Program – a yearbook which will contain each Star’s name, photo and short biography. In order to be featured in the program, please provide:

BIOGRAPHY – Submit biography electronically to koreno@the-caa.org with a narrative containing all of the following (150 words or less):

- **REASON FOR SELECTION** – Describe reason for selection such as lifesaving rescues, service beyond call-of-duty, setting of records, community service, special honors, consistent service record or local leadership in community partnerships.
- **WORK EXPERIENCE** – Describe title, positions held and length of service.
- **DISTINGUISHING PERSONAL TRAIT** – Describe the qualities that epitomize the spirit and commitment of quality ambulance service.
- **NOTABLE PERSONAL INTEREST** – Describe individual’s special hobbies, interests and activities.

COLOR PHOTO – Submit a color photo, head shot only. If submitting electronically, JPG format preferred. If submitting hard copy via mail, handle photos carefully, do not staple, bend or paper clip, write name on the back of photo.

RECOMMENDED ATTIRE FOR STARS

Please wear a “dress uniform” to all official **Stars of Life** events during the day on Monday, April 22nd. Business attire can be worn to the reception and awards dinner on Monday evening. As a representative of the entire EMS industry, Stars’ attire should be indicative of a health care professional.

RECOGNITION IN YOUR LOCAL COMMUNITY

A local story with a state-wide angle will play favorably with reporters in your local community. You are encouraged to send a press release to your local newspapers, radio and TV stations prior to the event informing them that this “special story” is on its way. Reporters can then schedule interview time or broadcast time for your story and perhaps visit your company to film additional footage and/or interviews.

PARTICIPANT CHECK LIST

- | | |
|---|---|
| <input type="checkbox"/> Hotel reservation deadline: March 25, 2019 | <input type="checkbox"/> Registration Form by April 8, 2019 |
| <input type="checkbox"/> Biography by April 8, 2019 | <input type="checkbox"/> Photo by April 8, 2019 |

Legislative appointments are to be arranged by each CAA member themselves; try to make each appointment for April 22 between 10:00 am and 3:30 pm. Call your legislators’ office NOW for the appointment; don’t wait.

Please complete by Monday, April 8, 2019 and return to:

CALIFORNIA AMBULANCE ASSOCIATION

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833 • 877.276.1410 (toll free) • 916.924.7323 (fax) • www.the-caa.org

STARS OF LIFE

April 22-23, 2019
Sheraton Grand - Sacramento, CA



SPONSORSHIP FORM

April 22-23, 2019 • Sheraton Grand Hotel, Sacramento, CA

This agreement will constitute the entire understanding of our company's sponsorship of _____ (Name of event you are sponsoring from list below) which will occur during the **Annual Stars of Life Celebration and Legislative Summit** of the California Ambulance Association. I have reviewed the document titled "Sponsorship Form" and understand the benefits that will be provided to our company in return for the sponsorship and the obligations of our company as a sponsor of the event.

COMPANY / ATTENDEE INFORMATION —

Company _____ Contact Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Signature _____ E-mail _____

SPONSORSHIP OPPORTUNITIES —

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Platinum	Gold	Silver	Bronze	Copper
	\$5,000	\$3,500	\$2,500	\$1,000	\$500
Display Table (6 ft) Near Registration Desk	✓	✓			
Full Page Ad in Stars Yearbook (8.5" h x 5.5" w)	✓				
1/2 Page Ad in Stars Yearbook (4.25" h x 5.5" w)		✓			
Banner Ad on CAA Website for 6 months	✓				
Banner Ad on CAA Website for 3 months		✓			
Posts to CAA's Facebook Page	✓	✓	✓		
Logo on Event Promotional Emails	✓	✓	✓	✓	
Space to Display Promotional Materials at Registration Desk			✓	✓	
Verbal Recognition at Breakfast & Dinner on Apr. 22	✓	✓	✓	✓	✓
Logo on Conference signage	✓	✓	✓	✓	✓
Recognition in the <i>Siren</i> magazine	✓	✓	✓	✓	✓

Check payable to **California Ambulance Association** Mastercard Visa American Express
 Card Number _____ Exp Date _____ 3-4 Digit CID _____
 Name on Card _____
 Address (if different from above) _____
 Signature _____ Amount to be charged: _____

Sponsorships will be awarded on a first paid, first served basis. A minimum 50% deposit is due upon signing this agreement with the balance due by April 8, 2019.

CALIFORNIA AMBULANCE ASSOCIATION

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833
 877.276.1410 (toll free) • 916.924.7323 (fax) • Kim Oreno, koreno@the-caa.org • www.the-caa.org