

1st Annual Meeting

Full registration fees must accompany this form for registration to be processed. Confirmations will be sent to all confirmed participants. If an email address is provided, confirmations will be sent via email. Questions? Call Peter Sonnenreich at (202) 246-2525.

ATTENDEE INFORMATION (required)

FIRST NAME _____ LAST NAME _____

TITLE _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP CODE _____

REGISTRANT'S TELEPHONE _____ FAX _____

REGISTRANT'S E-MAIL ADDRESS _____

ADMINISTRATIVE ASSISTANT'S E-MAIL ADDRESS (optional) _____

EMERGENCY CONTACT AND TELEPHONE NUMBER _____

(Please note that there is no membership fee for 2009 to join The PMMA. That may change in subsequent years, depending on the type of activities our members may wish to undertake.)

The cost for the meeting is ~\$800 per person. If more than one person attends from the same company, the rate will be \$700 per person. The meeting cost does not cover travel expenses (airfare, meals, hotel, lift tickets), which are your responsibility.

Our meeting hotel, Stoweflake Mountain Resort & Spa (www.stoweflake.com) is offering a \$229.00 hotel rate with luxury accommodations. You can contact them at 1.800.253.2232. All guest rooms will include either a king or double room with fireplace, wet bar, refrigerator and Internet access. This will also give you access to all on-property amenities, including the Stoweflake Sports Club with Cybex workout stations, heated indoor and outdoor swimming pools, sauna and steam room, racquet ball/squash court, and Jacuzzi. You would need to tell the hotel that you are with PMMA. You might be able to get the hotel rate a bit lower if you book directly through the hotel and ask for a deluxe room, which is a bit smaller room. There are many hotels in Stowe that are just few blocks away and may offer lower room rates.

Payment Method

Check made payable to Kikaku America International for \$ _____

Charge my credit card for \$ _____

Visa MasterCard American Express Discover

Card Number _____ Expiration Date _____ Security Code _____

Cardholder Printed Name (As it appears on your card) _____

Cardholder Signature _____ Date _____

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We are offering a group rate for a two-day lift ticket which will cost \$110.00, this includes Vermont state sales tax. Ski rentals for two days will be \$64.00, which also includes Vermont state sales tax. If you need help with ski rentals or ski school reservations, please let me, Peter Sonnenreich, know or check the appropriate boxes below:

- Yes, I would like to be included in the group rate for lift tickets
- Yes I would like to be included in the group rate for ski rentals

If you would like to join your fellow PMMA members for a group dinner on either Friday night or Saturday night, also please let me know. We will be having dinner on Friday night at Stoweflake Mountain Resort & Spa's Winfield's Bistro or The Atrium restaurant at 7:30 p.m.. On Saturday night at 7:45 p.m. we will be having dinner at Green Mountain Inn's Whip Bar & Grill, my favorite restaurant in Stowe. Family members and children are welcome to come to the group dinners.

- Yes, I would like to be included in the group dinner on Friday night
- Yes I would like to be included in group dinner on Saturday night

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If you would like to attend please request an invoice, or send a check for \$800 to:

**Kikaku America International,
192 South Street, Suite 150,
Boston, MA 02111**

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You may contact me directly at:

E-mail	Peter@pharmaamerica.com
Direct Ph.	(202) 246-2525
Fax number	(617) 728-9135
Mail	Kikaku America International, 192 South Street, Suite 150, Boston, MA 02111

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Thank you for your assistance. We welcome your participation in this exciting new association. We hope you gain new insights from the experience of our managed care professionals.

Sincerely,

Peter Sonnenreich
Executive Vice President
The Pharmaceutical Managed Markets Association
Direct Ph. (202) 246-2525
Ph. (202) 338-8256
Fax. (202) 337-3496