

**SOUTHERN MEDICAL ASSOCIATION ALLIANCE
REQUEST FOR REPRESENTATIVE
TO ATTEND STATE ALLIANCE MEETINGS**

FROM: _____
Name of Alliance _____

Dates of State Convention _____

President of Alliance _____

CONTACT PERSON REQUESTING VISIT: _____

Address/City/State _____

Telephone _____ Email Address _____

LOCATION (City) of meeting: _____

Name/Address/Telephone # of Hotel: _____

GROUND TRANSPORTATION (airport to hotel) _____

SCHEDULE FOR REPRESENTATIVE: Since many state conventions are the same week, please give serious consideration as to the exact date you need the SMA Alliance Representative.

TIME AND DATE REPRESENTATIVE MUST ARRIVE: _____

TIME AND DATE REPRESENTATIVE REQUESTED TO SPEAK: _____

TIME AND DATE REPRESENTATIVE CAN DEPART: _____

FUNCTIONS THE SMA ALLIANCE REPRESENTATIVE WILL HAVE AN OPPORTUNITY TO ATTEND:

(a) Board Meeting? yes___ no___ introduction only___ greetings___ speech___ length___

(b) General Session? yes___ no___ introduction only___ greetings___ speech___ length___

(c) Medical Society? yes___ no___ introduction only___ greetings___ speech___ length___

(d) Other functions: Reception? yes___ no___ date_____ time_____ dress_____

Meal functions?

_____ date_____ time_____ dress_____

_____ date_____ time_____ dress_____

_____ date_____ time_____ dress_____

Please note type of dress for meal functions: very casual _____ business _____ cocktail _____

EXPECTED TEMPERATURE: _____

PHOTOGRAPH AND BIOGRAPHICAL MATERIAL TO BE SENT TO: _____

_____ Date needed: _____

STATE MEDICAL SOCIETY:

President: _____

President Elect _____

Executive Director: _____

SMA Councilor: _____

HOSTESS FOR SMA ALLIANCE REPRESENTATIVE: _____

Address _____

Telephone/Email Address _____

YOUR NAME (PRESIDENT) of State Alliance: _____

Address _____

Telephone/Email Address _____

TO WHOM SHOULD THE REPRESENTATIVE DIRECT CORRESPONDENCE AND QUESTIONS?

DATE FORM COMPLETED: _____

PLEASE SEND COMPLETED FORM AND AN AGENDA TO:

SMA Alliance
Lisa O'Daniel
35 W. Lakeshore Drive
P. O. Box 190088
Birmingham, AL 35219-0088
Ph. 800/423-4992; Fax 205/945-18430
Email: lodaniel@sma.org

PLEASE ADD THE SMAA PRESIDENT TO YOUR STATE AUXILIARY/ALLIANCE NEWSLETTER MAILING LIST:

Nancy Brant
SMAA President 2008-2009
12 Reynolds Lane
Kingston, GA 30145
Ph: 770-336-9799
Email: nbrant@mindspring.com