



CMCA Meeting Planner Enrollment Form

NAME _____

TITLE _____

ORGANIZATION _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

IS EITHER THE MAILING OR LOCATION ADDRESS A RESIDENTIAL ADDRESS? Yes No

IF YES, WHICH ADDRESS IS A RESIDENTIAL ADDRESS?

Mailing Address Location Address Both Location and Mailing Address

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

WEBSITE ADDRESS _____

1. What is your preferred method of communication? phone fax mail email

2. What other associations are you currently a member of?

MPI PCMA RCMA Other _____

3. How did you hear about CMCA?

Magazine (title)? _____ Individual (name)? _____

4. Please share in 50 words or less the purpose of the organization you work for and if you like, what your position is within the organization. If you work for a denomination, please share the major distinctives of your denomination. This information will be included in CMCA's annual directory.

5. Number of meetings you have per year? _____
- Seating capacity of your largest meeting? _____
6. Number of room nights booked per year?
 200 or less 201-1,000 1,001-2,500 2,500+ (how many?) _____
7. Do you have exhibits? yes no Use catering or banquet facilities? yes no
8. Do you always book all of the room nights in the same city or state? If so, please list the location(s) consistently booked: _____
9. What part of the country are you currently holding meetings or plan to hold meetings? (*Check all that apply*)
 Northeast Southeast Midwest Southwest Northwest West Hawaii
10. Do you hold any meetings outside the United States? If so, what countries host these meetings?

11. Are your meeting specifications on the internet? If so, where?

12. What type of facilities do you use? (*Check all that apply*)
 airport hotels downtown hotels suburban hotels convention centers
 resort facilities Colleges/camps

You may fax this form to: **303-252-0445**

Or mail to:

Christian Meetings and Conventions Association, LLC, P.O. Box 350757, Westminster, CO 80035-0757