



# Sacramento Hotel Association

## SHA LUNCHEON MEETING

Friday, November 18, 2022  
Hilton Arden West  
2200 Harvard Street  
Sacramento, CA 95815

11:30 a.m. – Reception  
12:00 p.m. – Luncheon  
12:45 p.m. – Presentation

# UPDATES FROM THE DOWNTOWN SACRAMENTO PARTNERSHIP

**Speaker: Michael Ault, Executive Director, Downtown Sacramento Partnership**

Since 1995, Downtown Sacramento Partnership has served as the voice of downtown, led the revitalization for the urban core, and has been a driving force in moving Sacramento forward. Their mission is to make Downtown Sacramento a better place to live, work, play and invest. Join the Sacramento Hotel Association for lunch and updates from the Downtown Sacramento Partnership with Executive Director Michael Ault.

Mark your calendar and plan to attend the November 18 SHA meeting as we look at issues affecting the Sacramento business community for residents and visitors alike.

### WHO SHOULD ATTEND?

General managers, sales and marketing representatives, and anyone in the industry interested in matters affecting the local business community. Reserve your seat now for the November 18th luncheon meeting.



## SHA LUNCHEON RESERVATION FORM

November 18, 2022  
Hilton Arden West | 2200 Harvard St, Sacramento, CA 95815

- \_\_\_\_\_ @ \$20 SHA members paid in advance
- \_\_\_\_\_ @ \$35 industry guests & SHA members at the door

Three ways to register—online at [www.sacramentohotelassociation.com](http://www.sacramentohotelassociation.com), mail, or fax. Total amount enclosed \$ \_\_\_\_\_ (4510)  
Reservations canceled fewer than 48 hours before the luncheon are subject to penalty of entire amount.  
Please contact SHA staff at [info@sacramentohotelassociation.com](mailto:info@sacramentohotelassociation.com) if you require reasonable accommodation to fully participate.

Please print:

Hotel/Company \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

### Payment Options

Check Payable to SHA/Check # \_\_\_\_\_  AMEX  MasterCard  Visa  Please invoice (members only).

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ VCode \_\_\_\_\_

Card Address \_\_\_\_\_

Card City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_