



Registration Form

THREE WAYS TO REGISTER

Online:

Register online at www.calhospital.org/ccap.
Please be prepared to pay with a credit card.

Mail:

California Hospital Association
Education Department
1215 K Street, Suite 800
Sacramento, CA 95814
Make check payable to CAHHS/CHA.

Fax:

Fax your registration to (916) 552-7506 with your
credit card information.

Scheduling Your Flights:

Congressional visits are scheduled on Tuesday, May 9, in the afternoon and throughout Wednesday, May 10. To facilitate the scheduling of appointments, please plan your return flight for after 6:00 p.m. on Wednesday, May 10.

Cancellation Policy:

A \$50 non-refundable processing fee will be retained for each cancellation received in writing by April 7. No refunds will be made after this date. Substitutions are encouraged. Cancellation and substitution notification may be emailed to education@calhospital.org.

Special Accommodations or Questions:

If you require special accommodations pursuant to the Americans with Disabilities Act or have other questions, please call CHA at (916) 552-7637.

Registrant Information:

Name: _____
Title: _____
Hospital/Organization: _____
Address: _____

Phone: _____ Mobile Phone (required): _____
Email Address (required): _____
CC Email Address (optional): _____

Please indicate which CHA events you will attend:

- First-time Attendee Orientation, Sunday, May 7, 5:30 p.m.
 Welcome Reception, Sunday, May 7, 6:00 p.m.
 Evening at the Botanic Garden, Tuesday, May 9, 6:30 p.m.

Dietary Request: Vegetarian

Food Allergies: _____

Guest/Spouse's Name: _____

Will your guest/spouse attend the:

- Welcome Reception, Sunday, May 7, 6:00 p.m.
 Evening at the Botanic Garden, Tuesday, May 9, 6:30 p.m.

Dietary Request: Vegetarian

Food Allergies: _____

Registration Fees:

This program is exclusively for executives and trustees of CHA member hospitals. **Register by April 7 and save \$75.**

- Member rate by April 7:\$395
 Member rate after April 7:\$470
 Guest/Spouse rate:\$135

A separate registration fee of \$135 is required for guest/spouse to attend the Welcome Reception and the Evening at the Botanic Garden. The guest rate is not available to colleagues; they must register at the member rate.

Payment:

- Check enclosed. Make check payable to CAHHS/CHA.
 Credit card (check one): VISA MC AMEX

Card Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorizing Signature: _____

American Hospital Association Meeting:

This program is being held in conjunction with the American Hospital Association's Annual Membership Meeting. Separate registration for the AHA program is required; visit their website at www.aha.org for details.

Will you attend the AHA Annual Meeting? Yes No