

Powering readiness through partnerships

September 18 – 20, 2017
Sacramento, California

LOCATION

Sacramento Convention Center

1400 J Street
Sacramento, CA 95814

Hyatt Regency Sacramento

1209 L Street
Sacramento, CA 95814

The Sacramento Convention Center is 30 minutes from the Sacramento International Airport.

ACCOMMODATIONS

The Hyatt Regency Sacramento is the host hotel for the conference. Located in the heart of downtown Sacramento, and directly across the street from the Convention Center and the State Capitol, the Hyatt is close to numerous dining options, shopping and parks. Area attractions such as Sutter's Fort, Old Sacramento and the historic Railroad Museum are nearby.

Single and double rooms are available at a discounted rate of \$185 per night. For reservations, call (888) 421-1442 and mention the "CHA Disaster Planning Conference." Don't delay — room availability is limited.

CONTINUING EDUCATION

Continuing education will be offered (or application has been made) for Compliance, Health Care Executives, Nursing and Risk Management. Attendees must sign in at each individual session and include their professional license number, if required.

CANCELLATION POLICY

A \$75 nonrefundable processing fee will be retained for each cancellation received in writing by Sept. 11, 2017. No refunds will be made after this date. Substitutions are encouraged. Cancellation and substitution notification may be faxed to (916) 552-7506, or emailed to education@calhospital.org.

TUITION

Register by August 18 and save!

Full conference plus pre-conference workshop:

Monday, Tuesday AND Wednesday

Member* Rate.....	\$710
Nonmember** Rate.....	\$910

Full conference: Tuesday AND Wednesday

Member Rate.....	\$570
Nonmember Rate	\$760

One day only: Monday OR Tuesday OR Wednesday

Member Rate.....	\$310
Nonmember Rate	\$420

Registrations received after August 18, add \$100.

*Members are CHA member hospitals, CHA associate members and government agencies.
**Nonmembers are limited to non-hospital health care providers, clinics, post-acute facilities, and consultants, insurance companies, law firms and other entities that serve hospitals. Education programs and publications are a membership benefit and are not available to eligible nonmember California hospitals.

Tuition includes continental breakfasts, lunches, education sessions, exhibit show and reception, and CEs. On-site registrations and any unpaid registrations as of the date of the meeting may be subject to an additional 10% fee.

AMERICANS WITH DISABILITIES ACT

If you require special accommodations pursuant to the Americans with Disabilities Act, contact CHA at (916) 552-7637.

QUESTIONS

Go to www.calhospital.org/disaster-planning or call (916) 552-7637.



Regional Association Partners:

Hospital Council of Northern and Central California
Hospital Association of Southern California
Hospital Association of San Diego and Imperial Counties

registration form

THREE WAYS TO REGISTER

Online:

Register online at www.calhospital.org/disaster-planning

Mail:

California Hospital Association
Education Department
1215 K Street, Suite 800
Sacramento, CA 95814

Fax:

Fax your registration to (916) 552-7506.

Questions?

Visit www.calhospital.org/disaster-planning or call (916) 552-7637

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: _____

REGISTRANT INFORMATION *(Register by August 18 and save \$100)*

Registrant 1:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email (required): _____

Cc Email (optional): _____

Special Lunch Requests: Vegetarian Food Allergies: _____

Nursing License # (required for CEs): _____

Day(s) Attending and Tuition:

*Pre-conference workshop is Monday
Conference sessions are Tuesday and Wednesday*

Please check one:

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Registrant 2:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email (required): _____

Cc Email (optional): _____

Special Lunch Requests: Vegetarian Food Allergies: _____

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Registration tuition (all registrants) \$ _____

Registration after Aug. 18 (add \$100 per registrant) \$ _____

Total tuition \$ _____