

Register Online, by Mail or Fax

Register online: Go to www.calhospital.org/medical-staff

Mail your registration to:

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

Faxed registrations: Fax to (916) 552-7506. VISA, MasterCard, American Express, or signed purchase order are acceptable.

Questions: (916) 552-7637.

Continuing Education Credit

Full attendance at the educational session is a prerequisite for receiving professional continuing education credit. Attendees must sign in at the seminar and, when required, include their state bar or professional license number. CEU Certificates will be e-mailed.

Compliance—Application has been made to the Health Care Compliance Certification Board for approval to award Health Care Compliance Association continuing education credit for this seminar.

Health Care Executives—CHA is authorized to award 5.5 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, recertification or reappointment in the American College of Healthcare Executives.

Legal—CHA is a State Bar of California approved MCLE provider. This activity has been approved for 5.5 hours of MCLE credit.

Confirmations: A confirmation will be sent to all registrants who register at least one week in advance. Directions and parking information will be included.

Cancellation Policy/Late Payment: A \$50 non-refundable processing fee will be retained for each cancellation. Cancellations must be made in writing seven or more business days prior to the scheduled session and faxed to (916) 552-7506. No refunds will be made after these dates. Substitutions are encouraged. Please note: payment is due one day prior to the program. Payments not received by the seminar date will be subject to a 10% late fee.

Americans with Disabilities Act: If you require special accommodations pursuant to the Americans with Disabilities Act, please call (916) 552-7637.

Registration

Registration Form

Medical Staff Bylaws and Rules Seminar

Please complete this form and return it to CHA. This is a one-day seminar; check the seminar you will attend:

Nov. 16, Sacramento **Nov. 18**, Glendale

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State/Zip: _____

Telephone: _____

E-mail (*required*): _____

Cc e-mail (*optional*): _____

Dietary Restrictions: Vegetarian

Food allergies: _____

CEUs:

- Compliance
 Health Care Executives
 Legal (*license # required*) _____

Tuition:

Make your check payable to CAHHS/CHA and include registrant's name.

- \$325 Member
 \$525 Nonmember

Credit Card Payment:

VISA MasterCard American Express
#: _____

Exp. Date (m/y): _____ Security Code: _____

Cardholder: _____

Billing Address: _____

Authorizing signature: _____

You may fax registrations to (916) 552-7506