

# 2019 A2IRNet Annual Conference

May 6 – 9, 2019, San Diego, CA



## Meeting Information

Please join your state association information resources network colleagues for the 2019 A2IRNet meeting in sunny San Diego, California! The annual conference will begin on Monday, May 6 with a welcome reception and conclude on Thursday, May 9 at noon.

## Accommodations – Kimpton Solamar Hotel

**Act now to reserve hotel rooms; discount deadline is April 5, 2019.**



In San Diego's emerging East Village, adjacent to the historic Gaslamp Quarter and Petco Park, Kimpton Solamar Hotel is located a few steps from San Diego's most

sought-after destinations. A central location ideal for exploring some of the city's latest dining trends and entertainment venues. The Hotel Solamar is offering sleeping rooms at a discounted rate of \$269, single occupancy. Make your reservations at (619) 515-3021 and mention "California Hospital Association/A2IRNet conference" to receive the discounted rate. The discounted rate is offered three days pre/post event based on availability.

## Questions

Questions regarding meeting registration and payment should be directed to CHA Education at (916) 552-7637. For questions regarding the agenda or other planned events, please contact Heidi Zibull at hzibull@calhospital.org.

## Additional Information

**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 days prior to the scheduled session and emailed to education@calhospital.org. No refunds will be made after these dates. Substitutions are encouraged. Please note: payment is due on or before program. Payments not received by the seminar date may be subject to a 10% late fee. **Special Accommodations or Questions:** If you require special accommodations pursuant to the Americans with Disabilities Act, or have other questions, please call (916) 552-7530.

## Registration Information

Please complete for the attendee.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: (required) \_\_\_\_\_  
Cc Email: (optional) \_\_\_\_\_  
Dietary Request:  Vegetarian  Food Allergies:  
Special Requests Pursuant to ADA: \_\_\_\_\_

**Meeting Registration Fee** – \$550

*(Register by April 5, 2019 and save \$50)*

**Spouse/Guest Fee** – \$125 *(includes Monday & Tuesday evening activities)*

I will attend the following events:

- Monday Welcome Reception  
Reception Guest Name: \_\_\_\_\_
- Tuesday Rooftop Reception and Dinner  
Dinner Guest Name: \_\_\_\_\_
- Wednesday Evening Activities

**Total amount: \$** \_\_\_\_\_

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

Credit Card (check one):

VISA  MC  AMEX

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

### Mail:

CHA Education  
1215 K Street, Suite 800  
Sacramento, CA 95814  
Make check payable to  
CAHHS/CHA

### Fax:

Fax credit card order to  
(916) 552-7506

### Email:

education@calhospital.org

