

Registration Form

Behavioral Health Care Symposium and Emergency Services Forum

December 10 – 12, 2018

Mission Inn Hotel & Spa, Riverside Convention Center

ACCOMMODATIONS:

Discount sleeping room deadline is November 15

Mission Inn Hotel & Spa
3649 Mission Inn Avenue
Riverside, CA 92501
(800) 843-7755 (reservations)

The historic Mission Inn Hotel and Spa is the host hotel. This year's symposium will coincide with the Inn's "Festival of Lights," the crown jewel of annual holiday festivals in Southern California. Rooms are available starting at the discounted rate of \$185, single or double occupancy. For reservations call (800) 843-7755 and mention "California Hospital Association" to receive the special rate. Don't delay, the discount deadline is November 15 and room availability is limited.

CONTINUING EDUCATION:

Full attendance at the educational sessions is a prerequisite for receiving continuing education. Attendees must sign in each day and include professional license number, if required. Certificates of attendance will be emailed.

Behavioral/Social Work — Behavioral Health Care Symposium course meets the qualifications for 11 hours and the Emergency Services Forum meets the qualifications for 6.25 hours of continuing education credit for LMFTs and LCSWs as required by the California Board of Behavioral Sciences. CHA is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs and LCSWs. Provider approval number 128427. CHA maintains responsibility for this program/course and its content.

Compliance — This education activity has been submitted to the Compliance Certification Board (CCB)® and is currently pending their review for approval of CCB CEUs.

Health Care Executives — CHA is authorized to award up to 11 Behavioral Health Care Symposium hours and 6.25 Emergency Services Forum hours of pre-approved ACHE Qualified Education Credit (non-ACHE) for this program toward the advancement or recertification in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select ACHE Qualified Education Credit.

Nursing — Provider approved by the California Board of Registered Nursing, CEP 11924, for up to 13.2 Behavioral Health Care Symposium contact hours and 7.5 Emergency Services Forum contact hours.

Amount of CEU's offered subject to change.

AMERICANS WITH DISABILITIES ACT:

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

TUITION:

Register by November 15 and save

The Behavioral Health Care Symposium and Emergency Services Forum runs three days: Monday's program is devoted to behavioral health care policy, current issues and updates. Tuesday's program will focus on behavioral health care issues in EDs. Wednesday is an Emergency Services Forum focused solely on emergency services issues and solutions.

Choose from four registration options:

1. Behavioral Health Care Symposium plus Emergency Services Forum:

(Monday, Tuesday and Wednesday):

Member* Rate\$735
Nonmember** Rate\$890

2. Behavioral Health Care Symposium only:

(Monday and Tuesday)

Member Rate\$535
Nonmember Rate\$680

3. Behavioral Health Care Symposium day two plus Emergency Services Forum:

(Tuesday and Wednesday)

Member Rate\$535
Nonmember Rate\$680

4. Emergency Services Forum only:

(Wednesday)

Member Rate\$335
Nonmember Rate\$430

Registrations received after November 15, add \$100.

Tuition includes reception, luncheon, materials and CEs.

* 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 non-member California hospitals.

PHOTOGRAPHY:

CHA will photograph this event. If you prefer not to be photographed, please email CHA at education@calhospital.org.

CANCELLATION POLICY:

A \$75 non-refundable processing fee will be retained for each cancellation received in writing by December 3. No refunds will be made after this date. Substitutions are encouraged. Cancellation and substitution notification may be emailed to education@calhospital.org. In the unlikely event the program is cancelled, refunds will be issued to paid registrants within 30 days.

QUESTIONS:

Contact the Education Department at (916) 552-7637 or education@calhospital.org.

Regional Association Partners:

Hospital Council of Northern
and Central California

Hospital Association of Southern California

Hospital Association of San Diego
and Imperial Counties



CALIFORNIA
HOSPITAL
ASSOCIATION

Registration Form

Three Ways to Register

Online:

www.calhospital.org/behavioral-symposium or
www.calhospital.org/emergency-services-forum

Mail:

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

Fax:

Fax your registration to (916) 552-7506

Questions?

www.calhospital.org/behavioral-symposium or
www.calhospital.org/emergency-services-forum 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 November 15 and save \$100)*

Registrant 1:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email (required): _____

Cc Email (optional): _____

Special Lunch Requests: Vegetarian Food Allergies: _____

Special Accommodations Pursuant to ADA: _____

CEs: Behavioral/Social Work (# required) _____

Compliance

Health Care Executives

Nursing (# required) _____

Registrant 2:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email (required): _____

Cc Email (optional): _____

Special Lunch Requests: Vegetarian Food Allergies: _____

Special Accommodations Pursuant to ADA: _____

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Registration tuition (all registrants)..... \$ _____

Registration after Nov. 15 (add \$100 per registrant) \$ _____

Total tuition..... \$ _____