

# Registration Form

## Behavioral Health Care Symposium

December 9 – 10, 2019

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.

Continuing education will be offered for the following:

- Behavioral/Social Work
- Compliance
- Health Care Executives
- Nursing

### 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

Behavioral Health Care Symposium is December 9-10. Monday and Tuesday's agenda is devoted to behavioral health care policy, current issues and updates.

#### Behavioral Health Care Symposium

(Monday and Tuesday):

Member* Rate .....	\$545
Nonmember** Rate .....	\$690

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](mailto: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](mailto: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](mailto: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**

**Center for Behavioral Health**

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Behavioral Health Care Symposium

## Three Ways to Register

### Online:

www.calhospital.org/behavioral-symposium

### 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 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: \_\_\_\_\_

CEs:  Behavioral/Social Work (# required) \_\_\_\_\_

Compliance

Health Care Executives

Nursing (# required) \_\_\_\_\_

## Tuition:

### Please check one:

#### Behavioral Health Care Symposium:

(Monday and Tuesday)

- Member Rate.....\$545  Nonmember Rate.....\$690

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### Please check one:

#### Behavioral Health Care Symposium:

(Monday and Tuesday)

- Member Rate.....\$545  Nonmember Rate.....\$690

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

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

**Total tuition**..... \$ \_\_\_\_\_