Behavioral Health Care Symposium and Emergency Services Forum

Back-to-back events for behavioral health and emergency department professionals

December 10 – 12, 2018
Mission Inn Hotel & Spa, Riverside Convention Center

Tuition:
Register by November 15 and save
The Behavioral Health Care Symposium and Emergency Services Forum run three days:
Monday (Day 1): Focus on behavioral health care policy and pressing issues.
Tuesday (Day 2): Focus on behavioral issues in EDs.
Wednesday (Day 3): 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, symposium 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 ineligible nonmember California hospitals.

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.

Quality Assurance / Grievance:
The CHA education quality assurance/grievance policy is available upon request. If you have any concerns or dissatisfaction with the quality of a CHA education program, please contact Robyn Thomason, Director, Education at (916) 552-7514 or email rthomason@calhospital.org.

Questions:

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:  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?

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:

Day(s) Attending and Tuition:

Please check one:

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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: ☐ Compliance
☐ Health Care Executives
☐ Behavioral/Social Work (# required)
☐ 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: ☐ Compliance
☐ Health Care Executives
☐ Behavioral/Social Work (# required)
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Registration tuition (all registrants) $________________
Registration after Nov. 15 (add $100 per registrant) $_________
Total tuition $___________________