

**CHA
California
Congressional
Action
Program
2018**



Annual federal advocacy program

May 6 – 9, 2018 | Washington, D.C.

Registration Form

THREE WAYS TO REGISTER

Online:

www.calhospital.org/ccap

Mail:

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

Make check payable to CAHHS/CHA.

Fax:

Fax your registration to (916) 552-7506 with your credit card information.

Scheduling Your Flights:

Congressional visits are scheduled on Tuesday, May 8, in the afternoon and throughout Wednesday, May 9. To facilitate the scheduling of appointments, please plan your return flight for after 6:00 p.m. on Wednesday, May 9.

Cancellation Policy:

A \$50 non-refundable processing fee will be retained for each cancellation received in writing by April 4. No refunds will be made after this date. Substitutions are encouraged. Cancellation and substitution notification may be emailed to education@calhospital.org.

Special Accommodations or Questions:

If you require special accommodations pursuant to the Americans with Disabilities Act or have other questions, please call CHA at (916) 552-7637.

Registrant Information:

Name: _____

Title: _____

Hospital/Organization: _____

Address: _____

Phone: _____ Mobile Phone (required): _____

Email Address (required): _____

CC Email Address (optional): _____

What is your congressional district? _____

Do your patients live in other congressional districts?
If so, which ones? _____

To find out information on your congressional districts, visit: www.calhospital.org/california-maps

Please indicate which CHA events you will attend:

- First-time Attendee Orientation, Sunday, May 6, 5:30 p.m.
 - Regional Associations' Reception & Dinner, Sunday, May 6, 6:30 p.m.
 - Hospital Leaders' Reception, Tuesday, May 8, 5:00 p.m.
- Dietary Request: Vegetarian
 Food Allergies: _____

Guest/Spouse's Name: _____

Will your guest/spouse attend the:

- Regional Associations' Reception & Dinner, Sunday, May 6, 6:30 p.m.
 - Hospital Leaders' Reception, Tuesday, May 8, 5:00 p.m.
- Dietary Request: Vegetarian
 Food Allergies: _____

Registration Fees:

This program is for executives and trustees of CHA-member hospitals only. **Register by April 4 and save \$75.**

- Member rate by April 4:\$395
- Member rate after April 4:\$470
- Guest/Spouse rate:\$135

A separate registration fee of \$135 is required for a guest/spouse to attend the evening reception on May 8. The guest rate is not available to professional colleagues; they must register at the member rate.

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: _____



American Hospital Association Meeting:

This program is being held in conjunction with the American Hospital Association's Annual Membership Meeting. Separate registration for the AHA program is required; visit their website at www.aha.org for details.

Will you attend the AHA Annual Meeting? Yes No