

## Disaster Planning for California Hospitals

The only statewide conference developed by and for California hospitals

September 18 – 20, 2017

Sacramento Convention Center and the Hyatt Regency

# powering readiness through partnerships



### Location

**Sacramento Convention Center**  
1400 J Street  
Sacramento, CA 95814

**Hyatt Regency Sacramento**  
1209 L Street  
Sacramento, CA 95814

The Sacramento Convention Center is 30 minutes from the Sacramento International Airport.

### Accommodations

The Hyatt Regency Sacramento is the host hotel for the conference. Located in the heart of downtown Sacramento and directly across the street from the Convention Center and the State Capitol, the Hyatt is close to numerous dining options, shopping and parks. Area attractions such as Sutter's Fort, Old Sacramento and the historic Railroad Museum are nearby.

Single and double rooms are available at a discounted rate of \$185 per night. For reservations, call (888) 421-1442 and mention the "CHA Disaster Planning Conference." Don't delay — room availability is limited. The deadline for discounted sleeping rooms is August 18.

### Continuing Education

Continuing education will be offered (or application has been made) for Compliance, Health Care Executives, Nursing and Risk Management. Attendees must sign in at each individual session and include their professional license number, if required. For complete information on CEs, visit [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning).

### Cancellation Policy

A \$75 nonrefundable processing fee will be retained for each cancellation received in writing by Sept. 11, 2017. 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).

### Tuition

**Register by August 18 and save!**

**Full conference plus pre-conference workshop:**

Monday, Tuesday AND Wednesday

Member\* Rate..... \$710

Nonmember\*\* Rate..... \$910

**Full conference:** Tuesday AND Wednesday

Member Rate..... \$570

Nonmember Rate ..... \$760

**One day only:** Monday OR Tuesday OR Wednesday

Member Rate..... \$310

Nonmember Rate ..... \$420

**Registrations received after August 18, add \$100.**

\*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 nonmember California hospitals.

Tuition includes continental breakfasts, lunches, education sessions, exhibit show and reception, and CEs. On-site registrations and any unpaid registrations as of the date of the meeting may be subject to an additional 10% fee.

### Photo Release

**Consent to Use Photographic Images and Recordings**

Registration and attendance at CHA programs and other activities constitutes an agreement by the attendee with CHA for use and distribution of the attendee's image or voice in photographs, videotapes, electronic reproductions and audiotape of such events and activities.

### Americans with Disabilities Act

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

### Questions

Go to [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning) or call (916) 552-7637.

### 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**

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# registration form

## Three Ways to Register

### Online:

Register online at [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning)

### Mail:

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

### Fax:

Fax your registration to (916) 552-7506

### Questions?

Visit [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning) 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 August 18 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: \_\_\_\_\_

Nursing License # (required for CEs): \_\_\_\_\_

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

Nursing License # (required for CEs): \_\_\_\_\_

## Day(s) Attending and Tuition:

### Please check one:

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

Registration after Aug. 18 (add \$100 per registrant)..... \$ \_\_\_\_\_

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

