

Transforming to Value-Based Care: Strategies for Hospital Success

February 25 – 26, 2019

registration form

THREE WAYS TO REGISTER:

Online:

Register online at
www.calhospital.org/value-based-care

Mail:

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

Fax:

Fax your registration to (916) 552-7506

Questions:

Call (916) 552-7637 or education@calhospital.org

TUITION:

Register by February 4 and save

Full conference (Monday AND Tuesday):

Member* Rate\$495 Nonmember** Rate.....\$695

Tuesday only:

Member* Rate\$330 Nonmember** Rate.....\$465

Subtotal tuition.....\$ _____

Registrations after Feb. 4 (add \$100 per registration)\$+ _____

Total tuition\$ _____

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:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: (required) _____

Cc Email: (optional) _____

Dietary Request: Vegetarian _____

Food Allergies: _____

Special Accommodations Pursuant to ADA: _____

CEs: Health Care Executives

Nursing (license # required): _____

Nursing Home Administrator (license # required): _____

Request Certificate of Attendance (for PT, OT and S/LP self submission)

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: (required) _____

Cc Email: (optional) _____

Dietary Request: Vegetarian _____

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