Strategies for Hospital Success
Hosted by CHA’s Center for Post-Acute Care

February 25 – 26, 2019
The Westin Pasadena, California

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

Registrations received after February 4, add $100.
Tuition includes reception, luncheon, conference 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 nonmember California hospitals.

Cancellation Policy/Late Payment:
A $75 non-refundable processing fee will be retained for each cancellation. Cancellations must be made in writing seven or more business days prior to the scheduled session. No refunds will be made after these dates. Substitutions are encouraged. Cancellation and substitution notification may be emailed to education@calhospital.org. In the unlikely event that the program is cancelled, refunds will be issued to paid registrants within 30 days.

Americans with Disabilities Act:
If you require special accommodations pursuant to the Americans with Disabilities Act, please call (916) 552-7637.

Photo Release:
CHA will photograph this event. If you prefer not to be photographed, please email CHA at education@calhospital.org.

Sponsors:
For sponsorship opportunities, contact Lisa Hartzell at (916) 552-7502 or lhartzell@calhospital.org.

Questions:
Please call the Education Department at (916) 552-7637.
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

Payment:

☐ Check enclosed. Make check payable to CAHHS/CHA.

☐ Credit card (check one): ☐ VISA ☐ MC ☐ AMEX

Card Number: ____________________________
Expiration Date: ____________________________
Security Code: ____________________________

Billing Address:
City: ____________________________ State: ____________________________ Zip: ____________________________

Authorizing Signature: ____________________________

Registrant Information (Register by February 4 and save $100)

Registrant 1:

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
☐ Legal (license # required): ____________________________
☐ Nursing (license # required): ____________________________
☐ Nursing Home Administrator (license # required): ____________________________
☐ Request Certificate of Attendance (for PT, OT and S/LP self submission)

Day(s) Attending and Tuition:

Please check one:

Full conference (Monday AND Tuesday):
☐ Member Rate $495 ☐ Nonmember Rate $695

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Registrant 2:

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
☐ Legal (license # required): ____________________________
☐ Nursing (license # required): ____________________________
☐ Nursing Home Administrator (license # required): ____________________________
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Registration tuition (all registrants): $________________
Registration after Feb. 4 (add $100 per registrant) .... $________________
Total tuition: $________________