Tuition:
Register by February 10 and save!
Registrations received after February 10, add $100.

Member* Rate .................................................................................. $510
Nonmember** Rate .......................................................................... $710

Tuition includes 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, call the CHA Education Department (916) 552-7502 or email Lisa Hartzell.

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

Accommodations:
The Westin Pasadena
191 North Los Robles Avenue
Pasadena, CA 91101
(626) 792-2727

Room Reservation deadline is February 10

The Westin Pasadena is the host hotel and site of this year’s event. Situated in the heart of one of California’s most exciting cities, with easy access to cultural sites such as the Historic Old Town, museums, restaurants, and the Rose Bowl Stadium. Conveniently located, Burbank Bob Hope Airport (BUR) is only 16 miles west of the hotel. Single and double rooms are available at a discounted rate of $194 per night. For reservations, call (866) 837-4181 and mention “California Hospital Association.”

Continuing Education:
Full attendance at the educational sessions is a prerequisite for receiving continuing education. Attendees must sign in at the conference and include their professional license number, if required. Continuing education certificates will be emailed after the conference. (Amount of CE offered subject to change.)

Health Care Executives — CHA is authorized to award 8.00 hours of pre-approved ACHE Qualified Education credit for this program toward advancement, or recertification, in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select ACHE Qualified Education Credit.

Legal (Tuesday only) — CHA is a State Bar of California approved MCLE provider. Provider number 1980. This participatory activity has been approved for 2.5 hours of MCLE credit.

Nursing — Provider approved by the California Board of Registered Nursing. Provider CEP 11924, for 9.6 contact hours.

Nursing Home Administrators — Application has been made to the State of California to award continuing education credit for Nursing Home Administrators.

Rehabilitation Professionals — This program may meet continuing education requirements for Occupational Therapy, Physical Therapy and Speech/Language Pathology. Please request a Certificate of Attendance to submit to your professional organization.

Regional Association Partners:
Hospital Council of Northern and Central California
Hospital Association of Southern California
Hospital Association of San Diego and Imperial Counties
Three Ways to Register

Online: Register online at www.calhospital.org/creating-care-partnerships

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 CAH/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 February 10 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)

Tuition: (Please check one)

☐ Member Rate.................................................. $510
☐ Nonmember Rate............................................. $710

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

Tuition: (Please check one)

☐ Member Rate.................................................. $510
☐ Nonmember Rate............................................. $710

Registration tuition (all registrants)............................... $________

Registration after Feb. 10 (add $100 per registrant)....... $________

Total tuition ....................................................................... $________