

CHA's Annual  
Rural Health Care Symposium

# rural hospital financial readiness

## Strategies & Innovations

May 14, 2019  
Hyatt Regency Sacramento

### ACCOMMODATIONS

Hyatt Regency Sacramento  
1209 L Street  
Sacramento, CA 95814  
(800) 233-1234 (reservations)

**Discount deadline is May 7 – reserve your room today!**

The Hyatt Regency Sacramento is the host hotel and site of this year's event. Located in the heart of downtown Sacramento and directly across the street from the Convention Center and 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. Rooms are available at a discounted rate of \$219, single and double occupancy. For reservations call (800) 233-1234 and mention the "California Hospital Association."

### CONTINUING EDUCATION

Full attendance at the educational sessions is a prerequisite for receiving professional continuing education credit. Attendees must sign in at the symposium and, when required, include their professional license number. Certificates of attendance will be emailed.

**Health Care Executives** — CHA is authorized to award 6.25 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.

**Nursing** — Provider approved by the California Board of Registered Nursing, CEP 11924, 7.5 contact hours.

### TUITION

Member Rate\*..... \$395  
Nonmember Rate\*\*..... \$495

\* 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

A \$75 non-refundable processing fee will be retained for each cancellation. Cancellations must be made in writing seven or more 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](mailto:education@calhospital.org).

### 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/rural-hospital-financial-readiness](http://www.calhospital.org/rural-hospital-financial-readiness) 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

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## Registration Form

### THREE WAYS TO REGISTER

#### Online:

Register online at  
[www.calhospital.org/rural-hospital-financial-readiness](http://www.calhospital.org/rural-hospital-financial-readiness)

#### 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

### TUITION

Member Rate ..... \$395 x \_\_\_\_\_ \$ \_\_\_\_\_

Nonmember Rate..... \$495 x \_\_\_\_\_ \$ \_\_\_\_\_

**Total tuition** (all registrants) ..... \$ \_\_\_\_\_

### 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

#### 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

Nursing (# required) \_\_\_\_\_

#### 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

Nursing (# required) \_\_\_\_\_