

# Registration Form

## CAHSAH Annual Conference & Home Care Expo April 25 - 27, 2017 | Rancho Mirage, CA

### STEP 1 | Fill in Agency Information

AGENCY NAME		PHONE	EMAIL
ADDRESS	CITY	STATE	ZIP

### STEP 2 | Fill in Attendee Information (All Fields Required)

- |  |                   |                   |                    |
|--|-------------------|-------------------|--------------------|
| ATTENDEE #1 NAME   | ATTENDEE #1 EMAIL | ATTENDEE #1 TITLE | ATTENDEE #1 LIC. # |
| REGISTER FOR: <input type="checkbox"/> Full Conference <input type="checkbox"/> TUES, 4/25 Only <input type="checkbox"/> WED, 4/26 Only <input type="checkbox"/> THUR, 4/27 Only |                   |                   |                    |
- |  |                   |                   |                    |
|--|-------------------|-------------------|--------------------|
| ATTENDEE #2 NAME   | ATTENDEE #2 EMAIL | ATTENDEE #2 TITLE | ATTENDEE #2 LIC. # |
| REGISTER FOR: <input type="checkbox"/> Full Conference <input type="checkbox"/> TUES, 4/25 Only <input type="checkbox"/> WED, 4/26 Only <input type="checkbox"/> THUR, 4/27 Only |                   |                   |                    |
- |  |                   |                   |                    |
|--|-------------------|-------------------|--------------------|
| ATTENDEE #3 NAME   | ATTENDEE #3 EMAIL | ATTENDEE #3 TITLE | ATTENDEE #3 LIC. # |
| REGISTER FOR: <input type="checkbox"/> Full Conference <input type="checkbox"/> TUES, 4/25 Only <input type="checkbox"/> WED, 4/26 Only <input type="checkbox"/> THUR, 4/27 Only |                   |                   |                    |
- |  |                   |                   |                    |
|--|-------------------|-------------------|--------------------|
| ATTENDEE #4 NAME   | ATTENDEE #4 EMAIL | ATTENDEE #4 TITLE | ATTENDEE #4 LIC. # |
| REGISTER FOR: <input type="checkbox"/> Full Conference <input type="checkbox"/> TUES, 4/25 Only <input type="checkbox"/> WED, 4/26 Only <input type="checkbox"/> THUR, 4/27 Only |                   |                   |                    |

### STEP 3 | Calculate Registration Fees

FULL CONFERENCE	EARLY BIRD REGISTRATION BY APRIL 3, 2017		ADVANCED REGISTRATION BY APRIL 10, 2017		LATE/ON-SITE REGISTRATION AFTER APRIL 10, 2017		NUMBER OF ATTENDEES
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	
1 Attendee	\$520 <i>Save \$105!</i>	\$675 <i>Save \$100!</i>	\$570	\$725	\$625	\$775	x _____
2 Attendees*	\$470 (PP) <i>Save \$105!</i>	\$625 (PP) <i>Save \$100!</i>	\$520 (PP)	\$675 (PP)	\$575 (PP)	\$725 (PP)	x _____
3 Attendees*	\$450 (PP) <i>Save \$105!</i>	\$605 (PP) <i>Save \$100!</i>	\$500 (PP)	\$655 (PP)	\$555 (PP)	\$705 (PP)	x _____
4+ Attendees*	\$430 (PP) <i>Save \$105!</i>	\$585 (PP) <i>Save \$100!</i>	\$480 (PP)	\$635 (PP)	\$535 (PP)	\$685 (PP)	x _____

\*Prices are per person from same agency with group discount. Payment & registration must be submitted at same time.

#### SINGLE DAY

	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	
Tuesday Only	\$325 <i>Save \$105!</i>	\$380 <i>Save \$100!</i>	\$375	\$430	\$430	\$480	x _____
Wednesday Only	\$325 <i>Save \$105!</i>	\$380 <i>Save \$100!</i>	\$375	\$430	\$430	\$480	x _____
Thursday Only	\$210 <i>Save \$105!</i>	\$280 <i>Save \$100!</i>	\$260	\$330	\$315	\$380	x _____




TOTAL DUE: \_\_\_\_\_

### STEP 4 | Fill in Payment Information

**PRE-PAYMENT REQUIRED**  
Registration will not be processed without payment.

PAYMENT TYPE

\_\_\_ Check # \_\_\_\_\_ (Make check payable to CAHSAH)

\_\_\_ Charge      

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

CC Exp. Date \_\_\_\_\_ CC Billing Zip \_\_\_\_\_

#### Four Easy Ways to Register

-  ONLINE [www.cahsah.org](http://www.cahsah.org)
-  PHONE 916.641.5795 ext. 113
-  FAX 916.641.5881
-  MAIL CAHSAH®  
3780 Rosin Court Ste. 190  
Sacramento, CA 95834

**LIABILITY STATEMENT:** Registration and attendance at, or participation in, CAHSAH® meetings and other activities constitutes an agreement by the registrant to waive the California Association for Health Services at Home (CAHSAH) of any liability due to injury, death, property damage, illness, or any other incapacity during participation in said CAHSAH meeting and any meeting related activities. **USE AND DISTRIBUTION:** Registration and attendance at, or participation in, CAHSAH® meetings and other activities constitutes an agreement by the registrant to allow CAHSAH use and distribution (both now and in the future) of the registrant or attendee's image and/or voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities.

# Registration | INSTRUCTIONS & POLICIES

## Name for Badge |

Badge names will appear the same as they are submitted on registration form.

## Continuing Education |

Conference participants can earn up to 13.5 contact hours. Provider approved by the California Board of Registered Nursing, Provider Number CEP2463 for up to 13.5 contact hours. Provider approved by the Physical Therapy Board of California, Provider Number 3780 for select sessions. (Please inquire with CAHSAH® Education Staff.)

## License Number |

Continuing Education credits are offered each day to registered nurses, licensed vocational nurses, coders, and social workers. Limited Continuing Education credits are offered to physical therapists. (Please inquire with CAHSAH Education staff) If you would like to earn CEs, you must enter your license number in the space provided on the registration form and submit the CE request form via the mobile app at the conclusion of the conference.

## Dietary Restrictions |

Please contact Jessica Roenspie at [jroenspie@cahsah.org](mailto:jroenspie@cahsah.org).

## Americans with Disabilities Act (ADA) Accommodations |

If you have a disability and may require reasonable accommodation(s) to fully participate in conference activities, please contact Jessica Roenspie at [jroenspie@cahsah.org](mailto:jroenspie@cahsah.org).

## Registration Fees |

All registrations must be prepaid. Registrations will not be processed until full payment is received. Registrations can be paid via credit card (Visa, MasterCard, or American Express) or by check (made payable to CAHSAH®). Please note, registrations paid by check will not be processed until check has been received. Full three-day conference registration fees include: entrance into the Hospitality Suites (Monday, April 24, 2017), all concurrent and general sessions, breakfast (Tuesday, April 25 through Thursday, April 27, 2017), entrance to the Business & Hafkenschiel Awards Luncheon (Tuesday, April 25, 2017), entrance to the Expo Networking Lunch (Wednesday, April 26, 2017), entrance to the Expo Grand Opening Reception, as well as, entrance to the Exhibit Hall during exhibiting hours.

## Exhibitor Conference Registration Fees |

Each exhibiting company is allowed one conference registration at reduced rate of: Affiliate: \$225 | Non-Affiliate: \$255. Contact Michele Lander for more information at 916-641-5795, ext. 129 or [mlander@cahsah.org](mailto:mlander@cahsah.org).

## Registration Fees - Group Discount |

Register two or more people from the same agency at the same time to receive discounted registration rates. Full payment must be received at time of registration or discounted rates do NOT apply. Discounted rates cannot be combined with any other promotions or discounts. No exceptions can be made to this policy.

## Liability Statement |

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## Use and Distribution |

Registration and attendance at, or participation in, CAHSAH® meetings and other activities constitutes an agreement by the registrant to allow CAHSAH® use and distribution (both now and in the future) of the registrant or attendee's image and/or voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities.

## Substitutions |

If, due to an emergency, a registered attendee is unable to come to the conference, a substitute attendee may be designated from within the same organization. This substitution must be made in writing by the original registrant or an agency representative.

## Cancellations |

A refund (minus 20% per person administrative fee) will be issued if written notice of cancellation is received on or before April 7, 2017. No refund will be issued after April 7, 2017. No refunds will be issued to "no shows." All cancellations must be submitted in writing. No credit for future programs will be extended to cancelled registrations. There can be no exceptions to these policies. A full refund will be issued should CAHSAH® cancel the conference.

## Confirmation Notice |

Each registrant will receive a confirmation notice, sent via email to the provided email address on the registration form prior to the conference. Confirmation letters will include important information such as: conference times, locations, events, app details, and handout codes. Please be sure your email is clearly legible to ensure your receipt of this important information.