



STEP 1 | Fill in Agency Information

AGENCY NAME _____

PHONE _____ FAX _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

1. ATTENDEE NAME _____ ATTENDEE EMAIL _____ ATTENDEE TITLE _____ ATTENDEE LIC. # (OPTIONAL) _____
REGISTER FOR: Full Conference Tuesday Only 5/21/2019 Wednesday Only 5/22/2019 Thursday Only 5/23/2019

2. ATTENDEE NAME _____ ATTENDEE EMAIL _____ ATTENDEE TITLE _____ ATTENDEE LIC. # (OPTIONAL) _____
REGISTER FOR: Full Conference Tuesday Only 5/21/2019 Wednesday Only 5/22/2019 Thursday Only 5/23/2019

3. ATTENDEE NAME _____ ATTENDEE EMAIL _____ ATTENDEE TITLE _____ ATTENDEE LIC. # (OPTIONAL) _____
REGISTER FOR: Full Conference Tuesday Only 5/21/2019 Wednesday Only 5/22/2018 Thursday Only 5/23/2019

4. ATTENDEE NAME _____ ATTENDEE EMAIL _____ ATTENDEE TITLE _____ ATTENDEE LIC. # (OPTIONAL) _____
REGISTER FOR: Full Conference Tuesday Only 5/21/2019 Wednesday Only 5/22/2019 Thursday Only 5/23/2019

STEP 3 | Calculate Registration Fees

*REGISTRATION RATES ARE PER PERSON (PP) FROM THE SAME AGENCY WITH GROUP DISCOUNT. PAYMENT AND REGISTRATION MUST BE SUBMITTED AT SAME TIME.

	EARLY BIRD REGISTRATION BY APRIL 26, 2019		ADVANCED REGISTRATION BY MAY 10, 2019		REGULAR/ON-SITE REGISTRATION AFTER MAY 10, 2019		NUMBER OF ATTENDEES
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	
FULL CONFERENCE							
1 Attendee	\$575	\$775	\$625	\$825	\$675	\$875	x _____
2 Attendees*	\$525 (PP)	\$725 (PP)	\$575 (PP)	\$775 (PP)	\$625 (PP)	\$825 (PP)	x _____
3 Attendees*	\$505 (PP)	\$705 (PP)	\$555 (PP)	\$755 (PP)	\$605 (PP)	\$805 (PP)	x _____
4+ Attendees*	\$485 (PP)	\$685 (PP)	\$535 (PP)	\$735 (PP)	\$585 (PP)	\$785 (PP)	x _____
SINGLE DAY ONLY							
Tuesday	\$355 (PP)	\$455 (PP)	\$405 (PP)	\$505 (PP)	\$460 (PP)	\$560 (PP)	x _____
Wednesday	\$355 (PP)	\$455 (PP)	\$405 (PP)	\$505 (PP)	\$460 (PP)	\$560 (PP)	x _____
Thursday	\$180 (PP)	\$280 (PP)	\$230 (PP)	\$330 (PP)	\$280 (PP)	\$380 (PP)	x _____

TOTAL x _____

STEP 4 | Fill in Payment Information

PRE-PAYMENT IN FULL IS REQUIRED. CONFERENCE REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT.

PAYMENT TYPE

___ Check # _____ (Make check payable to CAHSAH)

___ Charge

Credit Card Number _____

CC Exp. Date _____ CC Billing Zip _____

WAYS TO REGISTER

E-MAIL
registrar@cahsah.org

ONLINE
www.cahsah.org

FAX
916.641.5881

PHONE
916.641.5795 ext. 113

MAIL
CAHSAH, 3780 Rosin Court Ste. 190, Sacramento, CA

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 up to 13.5 contact hours. Physical Therapy contact hours are available for select sessions only (please inquire with CAHSAH® education staff).

LICENSE NUMBER

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

DIETARY RESTRICTIONS

Please contact Rebekash Patterson at rpatterson@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 Rebekah Patterson at rpatterson@cahsah.org.

REGISTRATION FEES

All registrations must be pre-paid. 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, May 20, 2019), all concurrent and general sessions, continental breakfast (Tuesday, May 21 - Thursday, May 23, 2019), entrance to the Business & Awards Luncheon (Tuesday, May 21, 2019), entrance to the Strolling Expo Luncheon (Wednesday, May 22, 2019), entrance to the Expo Grand Opening Reception (Tuesday, May 21, 2019), 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 \$350 for Affiliates and \$450 for Non-Affiliates. Download an exhibitor registration form [here](#).

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

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.

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 May 7, 2019. No refund will be issued after May 7, 2019. 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 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.