

# Registration Form

## Disaster Planning for California Hospitals

September 10 – 11, 2019

Pasadena Convention Center

### Location

**Pasadena Convention Center**  
300 E. Green Street  
Pasadena, CA 91101

The Pasadena Convention Center is 30 minutes from the Burbank Airport and 55 minutes from the Los Angeles International Airport.

### Accommodations

The Westin Pasadena and Sheraton Pasadena Hotel are the host hotels for the conference.

The Westin Pasadena has rooms available at the discounted rate of \$199 for all nights during the conference. For reservations, call (866) 837-4181 and mention the "CHA Disaster Planning Conference." The deadline for discounted sleeping rooms is August 19.

The Sheraton Pasadena Hotel has rooms available at the discounted rate of \$179 for all nights during the conference. For reservations, call (800) 457-7940 and mention the "CHA Disaster Planning Conference." The deadline for discounted sleeping rooms is August 19.

### Continuing Education

Continuing education will be offered (or application has been made) for Compliance, Health Care Executives, Nursing and Risk Management. Attendees must sign in once each day and include their professional license number, if required. For complete information on CEs, visit [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning).

### Cancellation Policy

A \$75 nonrefundable processing fee will be retained for each cancellation received in writing by Sept. 3, 2019. No refunds will be made after this date. 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.

### Tuition

**Register by August 19 and save!**

**Tuition fees are for in-person seminars or Live Stream**

<b>Full conference:</b> Tuesday AND Wednesday	
Member Rate.....	\$580
Nonmember Rate .....	\$775
<b>One day only:</b> Tuesday OR Wednesday	
Member Rate.....	\$325
Nonmember Rate .....	\$435

**Registrations received after August 19, add \$100.**

\*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.

Tuition includes continental breakfasts, lunches, education sessions, exhibit show and reception, and CEs. On-site registrations and any unpaid registrations as of the date of the meeting may be subject to an additional 10% fee.

### Photo and/or Live Stream Video Release

CHA may photograph and/or Live Stream this event. If you prefer not to be photographed or visible during the Live Stream, please email CHA at [education@calhospital.org](mailto:education@calhospital.org).

### Questions

Go to [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning) or contact the Education Department at (916) 552-7637 or [education@calhospital.org](mailto:education@calhospital.org).

#### Regional Association Partners:

Hospital Council of Northern and Central California  
Hospital Association of Southern California  
Hospital Association of San Diego and Imperial Counties



# registration form

## Three Ways to Register

### Online:

Register online at [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning)

### Mail:

California Hospital Association  
 Education Department  
 1215 K Street, Suite 800  
 Sacramento, CA 95814

### Fax:

Fax your registration to (916) 552-7506

### Questions?

Visit [www.calhospital.org/disaster-planning](http://www.calhospital.org/disaster-planning) or contact the Education Department at (916) 552-7637 or [education@calhospital.org](mailto:education@calhospital.org)

### 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 *(Register by August 19 and save \$100)*

### Registrant 1:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Cc Email (optional): \_\_\_\_\_

Special Lunch Requests:     Vegetarian     Food Allergies: \_\_\_\_\_

Special Accommodations Pursuant to ADA: \_\_\_\_\_

Nursing License # (required for CEs): \_\_\_\_\_

### Registrant 2:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Cc Email (optional): \_\_\_\_\_

Special Lunch Requests:     Vegetarian     Food Allergies: \_\_\_\_\_

Special Accommodations Pursuant to ADA: \_\_\_\_\_

Nursing License # (required for CEs): \_\_\_\_\_

### Day(s) Attending and Tuition:

#### Please check one:

#### Full conference: Tuesday AND Wednesday

- Member Rate .....\$580
- Live Stream Member Rate.....\$580
- Nonmember Rate.....\$775
- Live Stream Nonmember Rate.....\$775

#### One day only:

- Tuesday OR     Wednesday
- Member Rate.....\$325
- Live Stream Member Rate.....\$325
- Nonmember Rate.....\$435
- Live Stream Nonmember Rate.....\$435

### Day(s) Attending and Tuition:

#### Please check one:

#### Full conference: Tuesday AND Wednesday

- Member Rate .....\$580
- Live Stream Member Rate.....\$580
- Nonmember Rate.....\$775
- Live Stream Nonmember Rate.....\$775

#### One day only:

- Tuesday OR     Wednesday
- Member Rate.....\$325
- Live Stream Member Rate.....\$325
- Nonmember Rate.....\$435
- Live Stream Nonmember Rate.....\$435



Registration tuition (all registrants) .....	\$ _____
Registration after Aug. 19 (add \$100 per registrant) ....	\$ _____
<b>Total tuition</b> .....	<b>\$ _____</b>