

# CAHSAH 2010 ANNUAL CONFERENCE & HOME CARE EXPO

## Exhibitor Registration Form

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email (REQUIRED FOR CONFIRMATION)

### REGISTRATION FEES - FOR EXHIBITORS ONLY

Please review each fee that applies to you and enter total amount in last column.

	ADVANCED by 3/19	LATE after 3/19	
<input type="checkbox"/> <b>MEMBER RATE</b> Expo Discount (CAHSAH members only)	\$165	\$215	
<input type="checkbox"/> <b>ADDITIONAL MEMBER DISCOUNT</b> Valid for additional members after first member from same agency pays full fee.	\$425	\$475	
<input type="checkbox"/> <b>NON-MEMBER RATE</b> Expo Discount	\$330	\$415	
<input type="checkbox"/> <b>ADDITIONAL NON-MEMBER DISCOUNT</b> Valid for additional registrants after first registrant from same agency pays full fee.	\$825	\$920	

### ONE-DAY REGISTRATION

Includes registration for one day of sessions, meals and exhibits entrance. (Please Circle Days That Apply)	WED 5/5	THURS 5/6	FRI 5/7	
<input type="checkbox"/> <b>MEMBER RATE</b>	\$300	\$300	\$185	
<input type="checkbox"/> <b>NON-MEMBER RATE</b>	\$575	\$575	\$350	
<input type="checkbox"/> <b>SPECIAL MEMBER OFFER*:</b> Each paid registrant for the full conference can bring a colleague to either Wednesday, Thursday or Friday conference events for \$99. Please complete accompanying registration form for: _____ (insert name)	\$99	\$99	\$99	
<input type="checkbox"/> <b>ADDITIONAL LUNCH TICKET(S)</b> For those accompanied by paid registrant but are not participating in conference	\$60	\$60		

\*Special Member Offer applies to CAHSAH Members only. Additional registration form needs to be completed for registrant participating in this offer.

**TOTAL** \$

### METHOD OF PAYMENT

Prepayment is required. If you are taking advantage of the group discount, complete this portion on one form only. If paying by check, please make check payable to CAHSAH.

- VISA    MASTERCARD    AMERICAN EXPRESS    Check by Mail

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSC Number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Credit Card Billing Address & Zip Code (REQUIRED) \_\_\_\_\_

Signature \_\_\_\_\_

### ACCIDENTAL INJURY RELEASE - MUST BE SIGNED BY EACH ATTENDEE

Because of varied settings and activities during the CAHSAH Annual Conference, an accidental injury beyond CAHSAH's control could conceivably occur. In this regards, we will ask all attendees to release CAHSAH from liability.  
I hereby release and discharge the California Association for Health Services at Home, and its affiliates and their respective officers, owners, and employees, representatives, and successors from, and I acknowledge and agree that none of the foregoing shall have any liability for, and any and all claims, suits, demands, costs, and expenses, including legal fees of every kind and nature, arising in connection with the CAHSAH Annual Conference, including personal injury of any kind sustained while participating in the conference.

Attendee Signature \_\_\_\_\_ Date \_\_\_\_\_

### REGISTER FOUR EASY WAYS!

1. Mail registration with payment to:  
**CAHSAH, 3780 Rosin Ct., Suite 190, Sacramento, CA 95834**
2. Fax registration with credit card payment to: **(916) 641-5881**
3. Phone registration in to: **(916) 641-5795 Ext. 113**
4. ONLINE at [cahsah.org](http://cahsah.org)

### Please indicate if you require:

- ADA Accommodations  
 Vegetarian Meals  
 Diabetic Meals  
 Other: \_\_\_\_\_

### CONCURRENT SESSIONS I plan on attending:

(Please indicate your choice for each session, one per time slot)

#### WEDNESDAY

MAY 5 • 10:15 - 11:45AM

- P1    H1    M1    M8    L1    G1

MAY 5 • 1:45 - 3:15PM

- P2    H2    M2    M9    L2    G2

MAY 5 • 3:30 - 5:00PM

- P3    H3    M3    M10    L3    G3

#### THURSDAY

MAY 6 • 10:15 - 11:45AM

- P4    H4    M4    M11    L4    G4

MAY 6 • 1:45 - 3:15PM

- P5    H5    M5    M12    L5    G5

MAY 6 • 3:30 - 5:00PM

- P6    H6    M6    M13    L6    G6

#### FRIDAY

MAY 7 • 10:15 - 11:45AM

- P7    H7    M7    M14    L7    G7

\*\*Please see Registration Brochure for Session Titles and Information.

# CAHSAH 2010 Annual Conference & Home Care Expo

## Registration Instructions and Policies

Photocopy and complete registration form as needed. Conference registrations cannot be shared among different individuals. Each person must sign up for their own sessions. To receive the group discount, must register two or more people from the same company and registrations must be submitted together at the same time with a single payment.

### CAHSAH provides three easy ways to register:

1. Fax registration with credit card payment to CAHSAH at (916) 641-5881.
2. Mail registration along with payment to CAHSAH, 3780 Rosin Court, Suite 190, Sacramento, CA 95834.
3. Phone in registration with credit card payment to (916) 641-5795.

### Name and Title for Badge

Please enter your name and title as you would like it to appear on your conference badge.

### License Number for CEs

Continuing Education credits are offered each day to registered nurses, licensed vocational nurses, coders, and social workers. 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 at the conclusion of the conference.

### Dietary Restrictions

Please indicate if you have dietary restrictions on the registration form.

### Americans with Disabilities Act (ADA) Accommodations

If you have a disability and may require reasonable accommodation(s) to fully participate in conference activities, please check here. You will be contacted by CAHSAH staff to discuss your specific needs.

### Registration Fees

All registrations must be prepaid. Fax, internet, and phone registrations must be made with credit card payment. Full three-day conference registration fees include the welcome and finale receptions, all concurrent and general sessions, a continental breakfast each morning, luncheons on Wednesday, Thursday and Friday, and access to the Home Care Expo.

### Registration Fees - Discounted Registration

One discounted registration per exhibiting company. Registration must be received by April 9, 2010.

### Liability Statement

CAHSAH claims no liability for the acts of any suppliers or participants to this event nor for the safety of any attendee while in transit to or from this event. CAHSAH reserves the right to cancel this function. The total amount of CAHSAH's liability is limited to a refund of the registration fee.

### Registration Fees - Special Offer for Members

For each paid three-day conference registration, members can register one agency colleague for either Wednesday, Thursday or Friday conference events at a special rate of \$99. Registrations must be submitted at the same time and by the advanced registration deadline.

### Deadlines

Registrations must be postmarked no later than April 9, 2010. Registrations postmarked after April 9, 2010 will be held for on-site processing. All registrations processed on-site will be charged a \$65 per person processing fee.

### 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 9, 2010. No refund will be issued after April 9, 2010. 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 written confirmation notice, sent via email to provided email address on the registration form prior to the conference. **Your email address will not be shared nor used for any other purpose other than receiving the conference confirmation.**