Conditions of Participation Training

	Attendee int	ormation		
First Name:	Middle Name:	Last Nan	ne:	
Title:	Company/Fac	cility Name:		
Work Address:		City: _	· · · · · · · · · · · · · · · · · · ·	
State:	Zip:	_ Phone:	Ext	
(Required for Confirmation	•		Exp: (MM/DD/YYYY)	
CAHF/QCHF Offices • Instructors: Sarah Du There are a number of lo	2201 K Street, Sacram	ento, CA 95816	r help finding hotel	
, p	Registratio	_	9.	
CAHF Members \$189.00	Non-members \$434.00	CE Hours NHAP 6	REMIT PAYMENT TO QCHF 2201 K Street Sacramento, CA 95816	
Late rate starts on 4/9/18		BRN 6	FAX (916) 446-4454	
\$339.00	\$584.00		QUALITY CARE	
Prepayment required.	Payment Info		e for early rate.	
Payment Type:	Check Enclosed (payak	heck Enclosed (payable to QCHF) Credit Card		
Visa	MasterCard		American Express	
Card #:	Exp. Date: CCV:			
Name on Card:			· · · · · · · · · · · · · · · · · · ·	
Signature (required) (no e	e-signature):			

Registration confirmed via email. If you do not receive confirmation, please email cmerced@cahf.org or call 916-432-5185. By signing this form, you are authorizing QCHF to charge your credit card without imprint. The planners and sponsors of this function claim no liability for the acts of any suppliers to this event nor for the safety of any attendee while in transit to or from this event. The planners and sponsors reserve the right to cancel this event without penalty. Registrants are limited to refund of "registration fee" only.

QCHF BOARD OF TRUSTEES REFUND POLICY: In order to receive a refund, cancellations for QCHF classes must be made five (5) business days prior to the beginning of the course. Cancellations must be in writing to cmerced@cahf.org or via FAX at 916-446-4454. Transfer of registration is done ONLY if notified in writing prior to the start of the class. Updated 1/26/19