

# RAI/MDS 101 - Clinical

## Attendee Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company/Facility Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Individual Attendee's Email Address: \_\_\_\_\_  
(Required for Confirmation and CEs)

License No: \_\_\_\_\_ Type: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Required if applicable) (MM/DD/YYYY)

## Dates and Locations

**May 23, 2018**

CAHF/QCHF Office

2201 K Street

Sacramento, CA 95816

(916) 441-6400

\*Late rate starts on 5/13/18

Class Times: 8:00 am - 4:00 pm (Registration begins at 7:30 am)

**September 12, 2018**

Hyatt Place at Anaheim Resort/Conv. Center

2035 S Harbor Blvd

Anaheim, CA 92802

(714) 750-4000

\*Late rate starts on 9/2/18

## Registration Type

CAHF Members

\$289.00

Non-members

\$621.00

\*Late Rate (billed from start date forward)

\$439.00

\$771.00

CE Hours  
BRN 7  
NHAP 7

REMIT PAYMENT TO

QCHF

2201 K Street

Sacramento, CA 95816

FAX (916) 446-4454

QUALITY CARE



## Payment Information

**Prepayment required. Payment must be received to be eligible for early rate.**

Payment Type:  Check Enclosed (payable to QCHF)  Credit Card

Visa

MasterCard

American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature required (no e-signature): \_\_\_\_\_

Registration confirmed via email. If you do not receive confirmation, please email [cmcerced@cahf.org](mailto:cmcerced@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, courses & conferences must be made five (5) working days (Monday - Friday) prior to the beginning of the course. Cancellations must be in writing to the [cmcerced@cahf.org](mailto:cmcerced@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 12/7/17