QIDP Certification Program

Attendee Information

	Attendee III	ilorillation	
First Name:	Middle Name:	Last Nam	ne:
Title:	Company/F	acility Name:	
Work Address:		City:	
State:	Zip:	Phone:	Ext
Individual Attendee's Em (Required for Confirmation	and CEs)		
(Required if applicable)		iype	Exp:
Location: CAHF/QCHF Instructors: Vivian Lim There are a number of loc accomodations, please co	nas, Mary Jann and E	laine Rawes training facility. For	r help finding hotel
	Registration Type		REMIT PAYMENT TO
CAHF Members	Non-members		QCHF
\$319.00	\$686.00	CE Hours NHAP-P 16	2201 K Street Sacramento, CA 95816
*Late Rate starts on 3/1	18/18	BRN 16	FAX (916) 446-4454 quality care
\$469.00	\$836.00		■OCHF ■
	Payment In	formation	HEALTH FOUNDATION
Prepayment required. F	Payment must be rece	eived to be eligible	e for early rate.
Payment Type:	Check Enclosed (payable to QCHF)		Credit Card
Visa	MasterCard		American Express
Card #:		Exp. Dat	te: CCV:
Name on Card:			
Signature (required) (no 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 1/25/19