

# MDS 3.0 Basic Training

## Attendee Information

First Name: \_\_\_\_\_ MI: \_\_\_ 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)

## Date and Location

August 20-21, 2019  
CAHF/QCHF Office  
2201 K Street  
Sacramento, CA 95816  
Late rate starts on 8/10/19

August 27-28, 2019  
Hyatt Place at Anaheim Resort/Convention Center  
2035 S Harbor Blvd.  
Anaheim, CA 92802  
(714) 750-4000  
Late rate starts on 8/17/19

**Class Times: 8:00 am - 4:00 pm (Check-in begins at 7:30 am)**

## Registration Type

CAHF Members

\$599.00

Non-members

\$1287.00

Late Rate (billed from start date forward)

\$749.00

\$1437.00

**CE Hours  
Requested:**  
BRN 14  
NHAP 14

REMIT PAYMENT TO

QCHF

2201 K Street  
Sacramento, CA 95816  
FAX (916) 446-4454



## 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 [cmerced@cahf.org](mailto:cmerced@cahf.org) or call 916-432-5185. By signing this form, you are authorizing QCHF/CAHF 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.

**BOARD REFUND POLICY:** In order to receive a refund, cancellations for QCHF/CAHF classes must be made five (5) business days prior to the beginning of the course. Cancellations must be in writing to [cmerced@cahf.org](mailto: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 6/10/19