

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)

Option #1 <input type="checkbox"/> May 2019 Flagship Restaurant 1601 _____ Street Pismo Beach, CA 93449	Option #2 <input type="checkbox"/> May 2019 Los Angeles Marriott Burbank Airport 2500 N Hollywood Way Burbank, CA 91505 (818) 843-6000	Option #3 <input type="checkbox"/> May 2019 Marriott Walnut Creek 2355 Main Street Walnut Creek, CA 94596 (925) 934-2000
Option #4 <input type="checkbox"/> June 2019 DoubleTree Hilton Anaheim 100 Tustin Drive Orange, CA 92668 (714) 634-1000	Option #5 <input type="checkbox"/> June 2019 Sacramento Regional Building Exchange 530 Elvert Ave Sacramento, CA 95819	Option #6 <input type="checkbox"/> July 14, 2019 Hyatt Regency Mission Bay Spa and Marina 1441 Quivira Rd San Diego, CA 92109 (619) 224-1234 CE Hours Requested : BRN 6 & NHAP 6

Class Times: 8:00 am - 4:30 pm (Check-in begins at 7:30 am) **CE Hours Requested: BRN 7 & NHAP 7**

- \$350.00** Registrant #1 from a facility/corporate office
- \$250.00** Registrants #2, #3, #4, and #5 from same facility/corporate office (Must be submitted with page 2 for discount)
- \$200.00** Each additional registrant after five people from same facility/corporate office (Must be submitted with page 2 for discount)

ATTENDANCE CLARIFICATION: As a reminder, the PDPM Academy is only open to **SNF Provider Members**. This **DOES NOT** include Associate Business Members (ABM).

Payment Information

Payment Type: Check Enclosed (payable to **CAHF**) 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 or call 916-432-5185. By signing this form, you are authorizing 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.

PDPM Academy is presented by CAHF in collaboration with AHCA. All individuals registered for the academy will be granted access to training updates, monthly webinars and webinars shared through the AHCA PDPM Academy as they become available. PDPM Academy Refund Policy: Cancellations for the PDPM Academy must be made ten (10) business days prior to the day of the event in order to receive a refund. Cancellation must be in writing to 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 class. Updated 6/12/19

Additional Attendee Information Form - Day 1

Not valid unless accompanied by page 1

Please check the box that applies.

~~Option #1~~ Option #2 ~~Option #3~~ Option #4 Option #5 Option #6

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In order to protect your personal privacy, CAHF has a long-standing policy that prohibits the sharing of your email address with third parties. In order to participate in PDPM training with our partner, AHCA, CAHF will share your email address with AHCA so that they can grant you access to proprietary PDPM training tools and resources.

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