DSD 24-Hour Education Training

Attendee Information

First Name:	Middle Name:	Last Nan	าย:
Title:	Company/Facility	Name:	
Work Address:		City:	
State: Zip:	Phone:		_ Ext
Individual Attendee's Email (Required for Confirmation a	ail Address: and CEs)		
License No: (Required if applicable)	Туре	:	Exp: (MM/DD/YYYY)
	Dates and Loc	ations	
Class Times	September 4-6, 2018 CAHF/QCHF Office 2201 K Street Sacramento, CA 9581 (916) 441-6400 *Late rate starts on 08/25 : 8:00 am - 5:00 pm (Cheo	6 5/18	t 7:30 am)
CAHF Members \$699.00 *Late Rate (billed from s \$849.00	\$1503.00	Type CE Hours BRN 24 NHAP 24	REMIT PAYMENT TO QCHF 2201 K Street Sacramento, CA 95816 FAX (916) 446-4454 QUALITY CARE
Prenavment required P	Payment Inform ayment must be received		for early rate
Payment Type:	Check Enclosed (payab MasterCard	ble to <mark>QCHF</mark>)	Credit Card
Name on Card:			
	nature): ou do not receive confirmation, please e		

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 8/21/17