

DON Nurse Leadership Training

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

August 1-2, 2018
Sheraton Ontario Airport Hotel
429 N. Vineyard Ave
Ontario, CA 91764
(909) 937-8000
*Late rate starts on 07/22/18

August 21-22, 2018
CAHF/QCHF Office
2201 K Street
Sacramento, CA 95816
(916) 441-6400
*Late rate starts on 08/11/18

Class Times: 8:00 am - 5:00 pm (Registration begins at 7:30 am)

Registration Type

CAHF Members

\$549.00

Non-members

\$1180.00

*Late Rate (billed from start date forward)

\$699.00

\$1330.00

CE Hours
BRN 16
NHAP 16 (P)

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 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 (Monday-Friday) 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 12/6/17