DSD / SSD Conference

	Attendee In	formation	
First Name:	MI:	Last Name:	
Title:	Company/F	acility Name:	
Work Address:		City:	
State: Zip:	Phone:		Ext
Individual Attendee's Email (Required for Confirmatio			
		Tvpe:	Exp:
(Required if applicable)		,p	(MM/DD/YYY)
Sa	Date and May 7, 2019 impton Sawyer Hotel 500 J Street acramento, CA 95814 (916) 545-7100 e rate starts on 4/27/19	11999 Harbor B Garden Grove, CA (714) 750-123	e County Ivd 92840 4
	mes: 8:00 am - 5:00 pn		
CAHF Members	Registration Type		REMIT PAYMENT TO QCHF 2201 K Street
\$299.00 Late Rate (billed from s \$449.00	\$642.00 tart date forward) \$792.00	CE Hours Requested: BRN 7 NHAP 7	Sacramento, CA 95816 FAX (916) 446-4454
	Payment In	formation	
Prepayment required. F Payment Type:	-	eived to be eligible able to QCHF)	e for early rate. Credit Card American Express
Card #:		Exp. Date	e: CCV:
Signature (required) (no e-s Registration confirmed via email. If this form, you are authorizing QCH claim no liability for the acts of any	signature): you do not receive confirmatio F/CAHF to charge your credit ca suppliers to this event nor for t	on, please email cmerced@a ard without imprint. The pl the safety of any attendee v	cahf.org or call 916-432-5185. By signing anners and sponsors of this function while in transit to or from this event. The limited to refund of "registration fee"

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 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 3/4/19

only.