ICD-10 PDPM Boot Camp: Introduction to Coding

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/YYY)**

Date and Location

☐

June 18, 2019
Sacramento Regional Builders Exchange
5370 Elvas Ave
Sacramento, CA 95819
Late rate starts on 6/8/19

☐

August 14, 2019
Hyatt House Irvine / John Wayne Airport
2320 Main Street
Irvine, CA 92614
(949) 936-4280
Late rate starts on 8/4/19

Class Times: 9:00 a.m. - 4:00 p.m. (Check-in begins at 8:30 a.m.)

Registration Type

CAHF Members	Non-members
☐ $299.00	☐ $642.00

Late Rate (billed from start date forward)

☐ $449.00	☐ $792.00

CE Hours Requested:
BRN 6
NHAP 6

REMIT PAYMENT TO
QCHF
2201 K Street
Sacramento, CA 95816
FAX (916) 446-4454

QUALITY CARE
QCHF
HEALTH FOUNDATION

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/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 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 5/1/19