California Statewide Infection Prevention Conference

	Attendee Infor	rmation	
First Name:	MI: L	ast Name:	
Title: Company/Facility Name:			
Work Address:		City:	
State: Zip: Phone:		Ext	
Individual Attendee's Email	Address:		
(Required for Confirmation License No: (Required if applicable)	ו and CEs) Ту	/pe:	Exp: (MM/DD/YYY)
	Date and Lo		
	October 22-23 Los Angeles North/Glendale 100 W Glenoal Glendale, CA (818) 956-5 Late rate starts on	e & Executive Me ks Blvd 91202 466 10/12/19	
Class Ti	mes: 8:00 am - 5:00 pm (C	heck-in begins	at 7:30 am)
	Registration Type		REMIT PAYMENT TO
CAHF Members 599.00	Non-members	CE Hours Requested: BRN 15 NHAP 15	QCHF 2201 K Street Sacramento, CA 95816 FAX (916) 446-4454
Late Rate billed from 10)/12/19 \$1437.00		
Payment Information			
Prepayment required. P Payment Type: C Visa	· · · · · · · · · · · · · · · · · · ·	e to QCHF	e for early rate. Credit Card American Express
Card #:	Exp. Date: CCV:		
Name on Card:			
Signature (required) (no e-s			
			ced@cahf.org or call 916-432-5185.

Registration confirmed via email. If you do not receive confirmation, please email cmerced@canf.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 3/14/19