

PDDM Academy Day 2: Medicare Matrix

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/YYYY)**

| | | |
|--|--|--|
| <p>Option #1 <input type="checkbox"/></p> <p>SOLD OUT</p> <p>May 23, 2019 Flagship Restaurant 1601 Pine Street Pismo Beach, CA 93449 Late rate starts 4/22/19</p> | <p>Option #2 <input type="checkbox"/></p> <p>May 23, 2019 Los Angeles Marriott Burbank Airport 2500 N Hollywood Way Burbank, CA 91505 (818) 843-6000 Late rate starts 5/13/19</p> | <p>Option #3 <input type="checkbox"/></p> <p>SOLD OUT</p> <p>May 30, 2019 Marriott Walnut Creek 2355 N Main Street Walnut Creek, CA 95496 (925) 934-2000 Late rate starts 5/20/19</p> |
| <p>Option #4 <input type="checkbox"/></p> <p>June 13, 2019 DoubleTree by Hilton Anaheim 100 The City Drive Orange, CA 92868 (714) 634-4500 Late rate starts 6/3/19</p> | <p>Option #5 <input type="checkbox"/></p> <p>June 27, 2019 Sacramento Regional Builders Exchange 5370 Elvas Ave Sacramento, CA 95819 Late rate starts 6/17/19</p> | |

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

Registration Type

| | | | |
|---|--|--|--|
| CAHF Members <input type="checkbox"/> \$249.00 | Non-members <input type="checkbox"/> \$642.00 | CE Hours Requested: BRN 6 NHAP 6 | REMIT PAYMENT TO QCHF 2201 K Street Sacramento, CA 95816 FAX (916) 446-4454 |
| Late Rate (billed from start date forward) <input type="checkbox"/> \$449.00 | <input type="checkbox"/> \$792.00 | | |

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 5/10/19

Additional Attendee Information Form - Day 2

Not valid unless accompanied by page 1

Please check the box that applies.

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In order to protect your personal privacy, CAHF has a long-standing policy that prohibits the sharing of your email address with third parties. In order to participate in PDPM training with our partner, AHCA, CAHF will share your email address with AHCA so that they can grant you access to proprietary PDPM training tools and resources.

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