Director of Nursing Conference



Attendee Information		
First Name:	MI: Last Name:	
Title: Company/Facility Name:		
Work Address:	City:	
State: Zip: Pho	one:	Ext
Individual Attendee's Email Address:(Required for Confirmation and CEs)		
License No:	Type:	Exp:
(Required if applicable)	71	(MM/DD/YYY)
Date and Location	Registration Type	
February 18-19, 2020 Hyatt Regency John Wayne Airport Newport Beach	CAHF Members	Non-members
	\$599.00	\$1287.00
4545 MacArthur Blvd Newport Beach, CA 92660		
Phone: (949) 975-1234		
Late rate starts on 2/8/20	\$749.00	\$1437.00
Class Times: 8:00am - 4:00pm (both days)		
(Check-in begins at 7:00am)	CE Hours Requested: BRN 13 / NHAP 13	
Payment Information		
Prepayment required. Payment must be received to be eligible for early rate.		
Payment Type: Check Enclosed (payable to QCHF) Credit Card		
☐ Visa ☐ M	asterCard	American Express
Card #:	Exp. Date: _	CCV:
Name on Card:		
Signature (required) (no e-signature):		
REMIT PAYMENT TO QCHF		
2201 K STREET, SACRAMENTO, CA 95816		
		FAX (916) 446-4454

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 11/19/19