ICD-10 PDPM Intensive: 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

☐
April 29, 2020
Sacramento Regional
Builders Exchange
5370 Elvas Ave
Sacramento, CA 95819
Late rate starts on 4/19/20

☐
May 27, 2020
Embassy Suites by Hilton
Anaheim Orange
400 N State College Blvd
Orange, CA 92862
(714) 938-1111
Late rate starts on 5/17/20

Class Times: 9:00am - 4:00pm
(Check-in begins at 8:30am)

Registration Type

CAHF Members   Non-members

☐ $385.00   ☐ $728.00

Late Rate (billed from start date forward)

☐ $535.00   ☐ $878.00

CE Hours Requested: BRN 6 / NHAP 6

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): _____

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 11/26/19