

# Infection Prevention Conference

## 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)**

## Date and Location

August 25-26, 2020  
 Hyatt Regency John Wayne Airport  
 Newport Beach  
 4545 MacArthur Blvd  
 Newport Beach, CA 92660  
 Phone: (949) 975-1234  
 Late rate starts on 8/15/20

**Class Times: 8:00am - 4:00pm (both days) (Check-in begins at 7:30am)**

## Registration Type

CAHF Members	Non-members
<input type="checkbox"/> \$599.00	<input type="checkbox"/> \$1287.00
Late Rate (billed from start date forward)	
<input type="checkbox"/> \$749.00	<input type="checkbox"/> \$1437.00
<b>CE Hours Requested: BRN 12 / NHAP 12</b>	

## 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](mailto: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](mailto: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