

# Survey Success A-Z



## 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

April 14-15, 2020  
California Endowment  
1414 K Street St #500, Sacramento, CA 95814  
Late rate starts on 4/4/20

Class Times: 9:00am - 5:00pm (Check-in begins at 8:30am)

June 16-17, 2020  
Delta Hotels by Marriott Anaheim Garden Grove  
12020 Harbor Boulevard, Garden Grove, CA 92840  
(714) 867-5555  
Late rate starts on 6/6/20

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

## Registration Type

CAHF Members

\$599.00

Non-members

\$1287.00

Late Rate (billed from start date forward)

\$749.00

\$1437.00

CE Hours Requested: BRN 14 / NHAP 14

## 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 1/2/2020