

# be the Catalyst

## Advancing behavioral health in your hospital

CHA's 9th Annual Behavioral Health Care Symposium

**December 8–9, 2014**

Crowne Plaza Redondo Beach and Marina  
Redondo Beach

### ACCOMMODATIONS:

#### **Crowne Plaza Redondo Beach and Marina** **Discounted sleeping room deadline is November 17**

The sun is always shining in Redondo Beach. Situated on the Southern California coast, Redondo Beach offers spectacular ocean views perfect for enjoying and relaxing. Conveniently located, Los Angeles International (LAX) is only twenty minutes north and Long Beach Airport only thirty minutes south.

Discounted sleeping rooms are available for \$179 single or double occupancy. For reservations, call (800) 368-9760 and mention "CHA Behavioral Health Care Symposium." **Don't delay — availability is limited and room reservation deadline is November 17.**

### CONTINUING EDUCATION:

Full attendance at each day's educational sessions is a prerequisite for receiving continuing education. Attendees must sign in each day at the symposium and include professional license number, if required. CE certificates will be emailed after the symposium.

**Behavioral** — This course meets the qualifications for up to 11.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences, PCE 1735.

**Compliance** — Application has been made to the Health Care Compliance Certification Board for approval to award Health Care Compliance Association continuing education credit for this seminar.

**Health Care Executives** — CHA is authorized to award up to 11.5 hours of pre-approved ACHE Qualified Education Credit (non-ACHE) for this program toward advancement or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

**Nursing** — Provider approved by the California Board of Registered Nursing, CEP 11924, for up to 13.8 contact hours.

### CANCELLATION POLICY:

A \$75 non-refundable processing fee will be retained for each cancellation. Cancellations must be made in writing seven or more business days prior to the scheduled session and faxed to (916) 552-7506. No refunds will be made after these dates. Substitutions are encouraged. Cancellation and substitution notification may be faxed to (916) 522-7506 or emailed to [education@calhospital.org](mailto:education@calhospital.org). Please note: In the unlikely event that the program is cancelled, refunds will be issued to paid registrants within 30 days.

### TUITION:

**Register by November 17 and save!**

#### **Monday and Tuesday:**

\*Member Rate .....\$490

\*\*Nonmember Rate .....\$650

#### **Monday only:**

\*Member Rate .....\$260

\*\*Nonmember Rate .....\$350

**Registrations received after November 17, add \$100.**

\*Members are CHA member hospitals, CHA associate members and government agencies.  
\*\*Nonmembers are limited to non-hospital health care providers, clinics, post-acute facilities, and consultants, insurance companies, law firms and other entities that serve hospitals.  
Education programs and publications are a membership benefit and are not available to nonmember California hospitals.

Tuition includes reception, luncheon, symposium materials and CEs. A confirmation will be emailed to all registrants. On-site registrations and any unpaid registrations may be subject to an additional 10% fee.

### AMERICANS WITH DISABILITIES ACT:

If you require special accommodations pursuant to the Americans with Disabilities Act, please call (916) 552-7637.

### QUESTIONS:

Go to [www.calhospital.org/behavioral-symposium](http://www.calhospital.org/behavioral-symposium) or call (916) 552-7637.

#### **Regional Association Partners:**

*Hospital Council of Northern and Central California*

*Hospital Association of Southern California*

*Hospital Association of San Diego and Imperial Counties*



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

**Center for Behavioral Health**

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## registration form

### THREE WAYS TO REGISTER:

#### Online:

Register online at [www.calhospital.org/behavioral-symposium](http://www.calhospital.org/behavioral-symposium)

#### Mail:

California Hospital Association  
Education Department  
1215 K Street, Suite 800  
Sacramento, CA 95814

#### Fax:

Fax your registration to (916) 552-7506

**Questions:** Go to [www.calhospital.org/behavioral-symposium](http://www.calhospital.org/behavioral-symposium) or call (916) 552-7637.

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Subtotal tuition.....\$\_\_\_\_\_

Registrations received after Nov.17 (add \$100).....\$+\_\_\_\_\_

Total tuition .....\$\_\_\_\_\_

### PAYMENT:

☐ Check enclosed. Make check payable to CAHHS/CHA.

☐ Credit card (check one):      ☐ VISA    ☐ MC    ☐ AMEX

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

### REGISTRANT INFORMATION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: (required) \_\_\_\_\_

Cc Email: (optional) \_\_\_\_\_

Dietary Request: ☐ Vegetarian

Food Allergies: \_\_\_\_\_

Special accommodations pursuant to ADA: \_\_\_\_\_

CEs: ☐ Behavioral (# required) \_\_\_\_\_

☐ Compliance

☐ Health Care Executives

☐ Nursing (# required) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: (required) \_\_\_\_\_

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