

2012 CHAPCA Conference Registration

Name			
Hospice/Company			
Title:			
Licenses (MD, RN, etc)	Lic #		
Address			
City	ST	Zip	
Email	PH		
Emergency Contact	PH		



California Hospice and Palliative Care Association

3841 North Freeway Blvd., Ste. 225
 Sacramento, CA 95834
 Phone: 916-925-3770
 Fax: 916-925-3780
 http://calhospice.org

Are you willing to be a session volunteer? Yes No

Registration Fees

Full Conference	Advance Postmarked by 8/31/12	Regular Postmarked after 8/31/12
CHAPCA Member	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595
Non-Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Student, Volunteer, Retired	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Speaker/Presenter	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495

One Day (select day)	Thursday	Friday	Saturday
CHAPCA Member	<input type="checkbox"/> \$340	<input type="checkbox"/> \$440	<input type="checkbox"/> \$440
Non-Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$540	<input type="checkbox"/> \$540
Student, Volunteer, Retired	<input type="checkbox"/> \$220	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
Speaker/Presenter	<input type="checkbox"/> \$240	<input type="checkbox"/> \$340	<input type="checkbox"/> \$340

Continuing Education Fee \$15
 MD RN HHA CNA MFT Chaplain LCSW

Events (Single ticket included if registered on day of event)

	I DO plan to attend	I DO NOT plan to attend
Grand Opening Reception (Thursday)	<input type="checkbox"/>	<input type="checkbox"/>
Awards Reception (Friday)	<input type="checkbox"/>	<input type="checkbox"/>
Closing Luncheon (Saturday)	<input type="checkbox"/>	<input type="checkbox"/>

Guest Tickets	Quantity	Total
Grand Opening Reception (Thursday)	<input type="checkbox"/> \$25	<input type="text"/>
Awards Reception (Friday)	<input type="checkbox"/> \$30	<input type="text"/>
Closing Luncheon (Saturday)	<input type="checkbox"/> \$55	<input type="text"/>

CA Hospice Foundation Donation (Suggested donation \$25)
 Yes, please add my tax-deductible donation to CHF:

TOTAL ENCLOSED

Select Your Workshops

Please select workshop sessions you wish to attend. Choose one workshop per session.

- Thursday, October 4, 2012**
- Concurrent Workshops 1A 1B 1C
 Concurrent Workshops 1A 1B 1C 2D
 Concurrent Workshops 1A 1B 3C 3D
 Concurrent Workshops 1A 1B 4C 4D
- Friday, October 5, 2012**
- Master Speakers 5A 5B 5C
 Concurrent Workshops 6A 6B 6C 6D 6E
 Concurrent Workshops 6A 7B 7C 7D 7E
- Saturday, October 6, 2012**
- Concurrent Workshops 8A 8B 8C 8D 8E
 Concurrent Workshops 8A 9B 9C 9D 9E

Please check all that apply

- Vegetarian Meals Vegan Meals Exhibitor
 Hospice Volunteer Student Retired
 Special Needs Other

Payment

- Check payable to: CHAPCA
 Credit Card
 American Express
 Mastercard
 Visa

Card Number:

Security Code: Exp. Date:

Cardholder Name:

Signature:

Data is not secure. Do not email.

**Send Completed Form with Payment To:
 CHAPCA, 3841 North Freeway Blvd., Ste. 225, Sacramento, CA 95834; FAX 916-925-3780**

Registration with payment must be postmarked by August 31, 2012 to be eligible for the Advance registration discount. After August 31, the regular registration rate will apply. Confirmation will be sent upon receipt of form and payment. Refunds, less \$75 administrative fee, will be made upon written requests submitted by September 15, 2012. No refunds will be given for cancellations received after September 15, 2012 or for "no shows." If you have questions about your membership status or wish to make changes to your registration, contact the CHAPCA office at 916-925-3770 or info@calhospice.org.