

CSHA HEARING OFFICER TRAINING PROGRAM REGISTRATION FORM



Please complete this form and return to CSHA.

Name _____ Nickname for Badge _____

Firm/Organization _____

Address _____

City/State/Zip _____ Telephone _____

Email _____

Special Meal Requirements (e.g. vegetarian) _____

Tuition

2017 CSHA Hearing Officer Training Program

\$195 Early Registration (postmarked by June 3)

\$245 Regular Registration (postmarked after June 3)

Reception - FREE

CSHA Membership Dues

\$255 Reg. Membership

\$125 Retired

\$100 New Attorney

\$25 Government Attorney

***CSHA membership is required to attend our programs and seminars. Please visit www.csha.info/members to verify your membership status. Non-members who pay membership in conjunction with seminar attendance dues will be active through 2017.**

Please make checks payable to CSHA.

Credit Card Payment

AmEx

MasterCard

Visa

CC# _____

Exp. Date _____ Security Code _____

Name on Card _____

Billing Address _____

Signature _____

Fax completed forms to (916) 552-2607.
Register online at <http://www.csha.info/2017-csha-hop>
Mail to: California Society for Healthcare Attorneys
1215 K Street, Suite 800, Sacramento, CA 95814