

# CSHA FALL SEMINAR 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 Fall Seminar

- \$195 Early Registration (postmarked by October 19)     \$245 Regular Registration (postmarked after October 19)  
 \$25 Government Attorney/Law Student

### CSHA Membership Dues\*

- \$255 Reg. Membership     \$125 Retired     \$100 New Attorney     \$25 Government Attorney/Law Student

**\*CSHA membership is required to attend our programs and seminars. Please visit [www.csha.info/members](http://www.csha.info/members) to verify your membership status. Non-members who pay membership dues will be active through 2018.**

*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 [www.csha.info/event/2017-fall-seminar](http://www.csha.info/event/2017-fall-seminar)  
Mail to: California Society for Healthcare Attorneys  
1215 K Street, Suite 800, Sacramento, CA 95814