

CSHA FALL SEMINAR REGISTRATION FORM



CALIFORNIA
SOCIETY *for* HEALTHCARE
ATTORNEYS

Please complete this form and return to CSHA.

Name _____ Nickname for Badge _____

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Address _____

City/State/Zip _____

Telephone _____ Email _____

Special Meal Requirements (e.g. vegetarian) _____

Tuition

2018 CSHA Fall Seminar

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

CSHA Membership Dues*

- \$255 Regular 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 to verify your membership status. Non-members who pay membership dues will be active through 2019.

Payment:

- Check enclosed. Make check payable to CSHA
- Credit card (check one): VISA MC AMEX

Card Number: _____

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Expiration Date: _____ Security Code: _____

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City: _____ State: _____ Zip: _____

Authorizing Signature: _____

Fax completed forms to (916) 552-2607.

Register online at <https://www.csha.info/event/2018-fall-seminar>

Mail to: California Society for Healthcare Attorneys
1215 K Street, Suite 800, Sacramento, CA 95814