

CSHA ANNUAL MEETING AND SPRING SEMINAR

April 5-7, 2019 — ESTANCIA LA JOLLA HOTEL AND SPA

To register online:

visit www.csha.info/2019-spring-seminar

To register by fax:

Complete this form and fax to (916) 552-2607

To register by mail:

Complete this form and mail to:
 California Society for Healthcare Attorneys
 1215 K Street, Suite 800
 Sacramento, CA 95814

Please type or print clearly and use one form per person. Make checks payable to CSHA.

Name: _____ Nickname for Badge: _____

Firm/Organization: _____

Address: _____ City: _____ State/Zip: _____

Telephone: _____ Email: _____

Special meal requirements (e.g., vegetarian): _____

TUITION AND FEES

	<i>Payment received by March 11</i>	<i>Payment received after March 11</i>	Amount
Member Rate	\$ 545	\$ 600	
Non-member Rate*	\$ 800	\$ 855	
Annual Dinner Guest		\$ 65	
TOTAL			\$ _____

* The non-member tuition includes dues for membership through 2019.

Note: CSHA has a pilot program that grants a discount to eligible government attorneys, new attorneys and students.

Please contact the CSHA office for more information.

Please indicate which social events you will attend:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Friday Breakfast | <input type="checkbox"/> Friday Lunch | <input type="checkbox"/> Reception (Friday Evening) | <input type="checkbox"/> Saturday Breakfast Roundtables |
| <input type="checkbox"/> Saturday New Member Luncheon** | <input type="checkbox"/> Saturday Annual Dinner | <input type="checkbox"/> Sunday Breakfast | <input type="checkbox"/> Annual Dinner Guest (fees above) |

Guest Name: _____

** Members who joined CSHA after April 2018 are invited to attend, as are retired attorney members, CSHA committee members, current CSHA Board members and past CSHA presidents.

PAYMENT METHOD

- Check enclosed (make payable to CSHA)
 American Express
 Mastercard
 Visa

Name as it appears on card: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____