
CSHA ANNUAL MEETING AND SPRING SEMINAR

April 24–26, 2020 — RESORT AT SQUAW CREEK

To register online:

<https://www.csha.info/2020-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>by March 30</i>	<i>after March 30</i>	Amount
Member Rate	\$ 545	\$ 600	
Non-member Rate*	\$ 800	\$ 855	
Annual Dinner Guest	\$ 65	\$ 65	
TOTAL			\$ _____

* The non-member tuition includes dues for membership through 2020.

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 2019 are invited to attend, as are retired attorney members, committee members, current Board members and past presidents.

PAYMENT METHOD

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

Name as it appears on card: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder Signature: _____