

CSHA ANNUAL MEETING AND SPRING SEMINAR

May 5-7, 2023 — RENAISSANCE ESERALDA RESORT & SPA

To register online:

visit www.csha.info/2023-spring-seminar

To register by email:

Complete this form and email to mfarahani@csha.info

To register by mail:

Complete this form and mail to:
California Society for Healthcare Attorneys
140 B Street Ste 5 #155
Davis, CA 95616

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

	Payment received by April 11	Payment received after April 11	Amount
Member Rate	\$ 645	\$ 700	
Non-member Rate*	\$ 925	\$ 980	
Annual Dinner Guest	\$ 85	\$ 85	

\$ _____ **TOTAL**

* The non-member tuition includes dues for membership through 2023.

Note: CSHA 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:

- Friday Breakfast Friday Lunch Reception (Friday Evening) Saturday Breakfast Roundtables
 Saturday New Member Luncheon** Saturday Annual Dinner Sunday Breakfast Annual Dinner Guest (fees above)

Guest Name: _____

** Members who joined CSHA after April 2022 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: _____