

2010 CHAPCA CONFERENCE REGISTRATION FORM

Last Name _____ First Name _____
 Job Title _____ Licenses (MD, RN, etc.) _____
 Hospice/Organization _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____
 Emergency contact _____ Phone _____

Are you willing to be a session moderator? Yes No

Continuing Education Credit:

Yes No

License #: _____

MD RN HHA
 CNA MFT Chaplain
 Social Worker/LCSW
 Attendance Only

A separate fee of \$10 is required

Please check all that apply:

- Vegetarian Meals
 Vegan Meals
 Speaker/Presenter
 Hospice Volunteer
 Exhibitor
 Student (**Student fee only applies to full-time students currently enrolled in school studying medical, nursing, social work or other hospice-related disciplines.*)

REGISTRATION FEES

(Please check appropriate boxes)

Advance (Postmarked before 9/18/10) **Regular** (Postmarked after 9/19/10)

Monday, October 4 - Preconference Sessions (Full day - 6-hr.)

CHAPCA member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325
Non-members	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Hospice volunteers/students*	<input type="checkbox"/> \$220	<input type="checkbox"/> \$250

Please select Full Day Pre-Conference

- Nursing Review Course VA & Hospice: Working Together

Monday, October 4 - Preconference Sessions (Half day - 3-hr.)

CHAPCA member/Hospice Volunteer/Students*	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Non-members	<input type="checkbox"/> \$245	<input type="checkbox"/> \$260

Please select 3-Hr. Pre-Conference

- Managing Conflict Topical & Transdermal Medications
 Heart of the Great Matter

Regular Conference - Tuesday & Wednesday

CHAPCA member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495
Non-members	<input type="checkbox"/> \$550	<input type="checkbox"/> \$595
Hospice volunteers/students*	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350

Single Day -- PLEASE SPECIFY DAY BELOW

CHAPCA members	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325
Non-members	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Hospice volunteers/students*	<input type="checkbox"/> \$220	<input type="checkbox"/> \$250

Please Specify Day: Tuesday Wednesday

Continuing Education Fee \$15

(One fee per person requesting certificate)

Luncheon Tickets *(Wed. Awards Lunch inc. with Conference Registration)*

Tuesday Exhibit Hall *(NOT included with Conference registration)* \$40
 Wednesday Awards Luncheon Guest \$55

Grand Opening Reception - Monday, October 4

I DO _____; I DO NOT _____ plan to attend (inc. w/registration)

Directors' Reception - Tuesday, October 5

I DO _____; I DO NOT _____ plan to attend (inc. w/registration)

CA Hospice Foundation Donation *(Suggested donation: \$10.00)*

Yes, please add my tax-deductible donation \$ _____

SELECT YOUR WORKSHOPS

SEMINAR/WORKSHOP REGISTRATION:

Please select workshop sessions you wish to attend. One Workshop per session.

Tuesday, October 5

Concurrent Workshops	<input type="checkbox"/> 2A	<input type="checkbox"/> 2B	<input type="checkbox"/> 2C	<input type="checkbox"/> 2D	<input type="checkbox"/> 2E
Concurrent Workshops	<input type="checkbox"/> 3A	<input type="checkbox"/> 3B	<input type="checkbox"/> 3C	<input type="checkbox"/> 3D	<input type="checkbox"/> 3E
Concurrent Workshops	<input type="checkbox"/> 4A	<input type="checkbox"/> 4B	<input type="checkbox"/> 4C	<input type="checkbox"/> 4D	<input type="checkbox"/> 4E

Wednesday, October 6

Concurrent Workshops	<input type="checkbox"/> 5A	<input type="checkbox"/> 5B	<input type="checkbox"/> 5C	<input type="checkbox"/> 5D	<input type="checkbox"/> 5E
Concurrent Workshops	<input type="checkbox"/> 6A	<input type="checkbox"/> 6B	<input type="checkbox"/> 6C	<input type="checkbox"/> 6D	<input type="checkbox"/> 6E
Concurrent Workshops	<input type="checkbox"/> 8A	<input type="checkbox"/> 8B	<input type="checkbox"/> 8C	<input type="checkbox"/> 8D	<input type="checkbox"/> 8E
Concurrent Workshops	<input type="checkbox"/> 9A	<input type="checkbox"/> 9B	<input type="checkbox"/> 9C		

PAYMENT INFORMATION

Total Amount Paid: \$ _____

- AMEX MasterCard Visa Check
(Make checks payable to CHAPCA)

Exact name on card _____

Address where credit card bill is received _____

City, State, Zip _____

Card number _____

Expiration Date _____

ID Number located on the back of the card _____

Signature _____

Mail or fax your registration form to CHAPCA, 3841 North Freeway Blvd., Suite #225, Sacramento, CA 95834. FAX to (916) 925-3780. Please photocopy to register more than one person. Registration must be postmarked by September 18, 2010, to qualify for advance registration. After September 18, 2010, Regular Registration fee will apply. For information call (916) 925-3770. Confirmation of registration will be sent upon receipt of registration form and fee. Refunds, less a \$75 administrative fee, will be made upon written notice of cancellations postmarked by September 15, 2010. No refunds will be given for cancellations postmarked after September 15, 2010, or for "no shows." Please contact the CHAPCA office if you have changes to your registrations.