



2013 Health Care Provider Wellness Conference

Wellness, Work & Community: Strategies for Sustainable Cultural Change
June 13-14, The Westin San Diego

REGISTRATION FORM

First Name: _____ Last Name: _____ Preferred Name: _____
 Title: _____ Organization: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Email (required): _____

HASC MEMBER CONTINUING EDUCATION SIGN-UP:

- ACHE Credit: The Hospital Association of Southern California is authorized to award 8 hours of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting applications to the American College of Healthcare Executives for advancement or recertification.
- BRN Credit: RN Lic. No. _____ (Provider approved by the California Board of Registered Nursing. CEP #970 for 10 contact hours.)
- This program has been approved for 7.25 (General) recertification credit hours toward PHR, SPHR and GPHR recertification through the HR Certification Institute.
- BBS Credit: MFCC and/or LCSW Lic. No. _____. Course meets the qualifications for 7 hours of continuing education credit for MFCCs and/or LCSWs as required by the California Board of Behavioral Sciences. (PCE #4280)

SPOUSE/ADULT FAMILY MEMBER GUEST:

\$175 per adult family member (includes all hosted meal functions and wellness activities)

First Name: _____ Last Name: _____ Home Email: _____
 Home Address: _____ City: _____ State: _____ Zip: _____

SPECIAL NEEDS OR MEAL REQUIREMENTS:

REGISTRATION FEES:

Registration confirmed upon receipt of payment.

CATEGORY	FEES	AMOUNT
CHA/HASC Health Care Provider Member Early-Bird Rate <i>(This HASC member rate also applies to non-acute health care providers)</i>	\$290 per registrant (Must register by May 8, 2013)	\$ _____
CHA/HASC Health Care Provider Member <i>(This HASC member rate also applies to non-acute health care providers)</i>	\$330 per registrant (After May 8, 2013)	\$ _____
Students <i>(Current student ID required)</i>	\$280 per registrant	\$ _____
Nonmember Hospital/Walk-in Rate	\$350 per registrant	\$ _____
Spouse/Family Member/Guest (limit 1)	\$175 per adult family member (Includes all hosted meal functions and wellness activities)	\$ _____
	TOTAL	\$ _____



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REGISTRATION FORM CONTINUED

PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____

Charge \$ _____ to the following credit card: MasterCard Visa American Express Discover

Card Number: _____ Exp. Date: _____ CID Code (three-digit code from back of card): _____

Card Holder Address: _____ City: _____ Zip Code: _____

Card Holder Name (print): _____ Card Holder Signature: _____

MAIL AND MAKE CHECK PAYABLE TO: HASC Health Care Provider Wellness Conference, Attn: Karen Ochoa
 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
Please note on check program #2175-112-000.

HOTEL INFORMATION & RESERVATIONS:

The Westin San Diego

The Westin San Diego is located at 400 West Broadway, San Diego, CA 92101. A special rate of \$159 (plus applicable fees and taxes) per single or double occupancy per night has been arranged for this conference. Reservations may be made by calling toll free 1-888-627-9033 and referring to the **HASC room block**. **Your credit card will be charged for one night at the time of your reservation.** HASC appreciates the overwhelming response to this event and we encourage you to reserve early.

Our room block expires on April 23, 2013 or sooner if sold out. All hotel cancellations must be made directly with the hotel and are subject to the hotel's cancellation policy.

Disclosures

HASC will be utilizing the Hotel's Group Reservation Identification Program for the sole purpose of insuring that all individuals registered for the conference are booked within the reserved room block. HASC will provide an electronic list containing the first and last name of attendees registered for this event to the hotel to cross reference with the hotel registration list. If you have any concerns regarding the disclosure of this information, please contact Karen Ochoa at kochoa@hasc.org or (213) 538-0765.

PAYMENT INFORMATION:

- Registration deadline is May 31, 2013
- Payment must be received by May 31, 2013
- Mail and make check payable to: HASC Health Care Provider Wellness Conference, Attn.: Karen Ochoa, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
- Please note on check program #2175-112-000
- Fax registration form to (213) 482-8537

Conference cancellations received in writing prior to May 16, 2013 will be subject to a \$50 processing fee. There will be no refunds after this date. Substitutions are accepted at any time. Fees cannot be transferred to other HASC programs.

TRANSPORTATION OPTIONS:

San Diego International Airport (SAN) is approximately 4.83 km/3.0 miles from the hotel and the Santa Fe Depot bus/rail station is approximately 0.3 km/0.19 miles away. Your local transportation options are:

- Complimentary Hotel Shuttle from airport, 6 a.m. – 11 p.m.
- Yellow Cab, approximately \$10 USD from airport; available 24 hours
- San Diego MTS (public transportation), \$2.50 USD, 15-minute ride from airport. Take MTS bus 992 to the stop at Broadway and Kettner. The hotel is a two-block walk from the bus stop.

SPECIAL NEEDS or QUESTIONS:

For ADA assistance or general questions, contact Karen Ochoa at (213) 538-0765 or kochoa@hasc.org.

You may be photographed or videotaped at the event. HASC reserves the right to use these items in promotional, marketing, educational and other materials.

HASC will send confirmation to you prior to the conference. If you do not receive a confirmation, please call Karen Ochoa at (213) 538-0765.