

MEMBER REGISTRATION FORM

MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax (213) 538-0987 You may also register at http://www.hasc.org/2015HASCAnnualMeeting. Questions? Call (213) 538-0737.

1. MEMBER REGISTRATION: \$695 before February 6; \$795 after February 6. Associate Members: \$895. Early-bird registration applies to members only. Please print:

First Name:	Last Name:	Title:	
Organization Name:			
Organization Address:	City:	State:	Zip Code:
Phone:	Email: (required)		
Nickname (as you wish it to appear on your badge):			
Assistant's Name:	Assistant's email:		
2. SPOUSE/ADULT FAMILY MEMBER GUEST (on	e per person): \$195 includes /	all hosted meal functions	and general sessions.
First Name:	ast Name:Title:		:
Home Address:	City:	State:	Zip Code:
Nickname (as you wish it to appear on your badge):			
3. GOLF: Wednesday, April 22, 8 a.m. No refu player; Associate Member: \$295 per player.	nds; player substitutions acco	epted. Event not transfe	errable. Member: \$225 per
1) Member Name:	SCGA Index:		
2) Spouse/Guest Name:	SCGA Index:		
4. TENNIS: Thursday, April 23, 4 p.m. All le	vels, round-robin. Complin	nentary.	
Yes, I would like to play in the all-levels, round-robin.			
1) Member Name:	2) Spouse/Gue	estName:	
5. REGISTRATION FEES: Registration confirm	ed upon receipt of paymer	nt.	
CATEGORY	FEES		Amount
HASC Hospital Member (per registrant)	\$695 before Feb. 6; \$79	\$695 before Feb. 6; \$795 after Feb. 6	
HASC Associate Member (limit 2 per organization)	\$895 x registran	its	\$
Spouse/Family Member/Guest (limit 1)	\$195 per adult family m	nember	\$
Golf: Member	\$225 x player	'S	\$
Golf: Associate Member	\$295 x player	'S	\$
		TOTAL	. \$
6. PAYMENT INFORMATION:			
Enclosed is check # A			
Charge \$ to the following co	redit card: 🗌 MasterCard 🗌 V	/isa 🗌 American Express	5 🗌 Discover
Card Number:	Exp. Date:		
Cardholder Address:	City: Zip Code:		
Cardholder Name (print):	Cardholder Signature:		

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2015 HASC Annual Meeting Member Registration Form Continued



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7. HASC MEMBER CONTINUING EDUCATION SIGN-UP:

First Name:

Last Name:

(Please Print)

□ ACHE Credit. The Hospital Association of Southern California is authorized to award 6 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 application to the American College of Healthcare Executives for advancement or recertification.

BRN Credit, RN License # (Provider approved by the California Board of Registered Nursing. CEP #970 for six contact hours.)

8. SPECIAL NEEDS OR MEAL REQUIREMENTS:

9. HOTEL RESERVATIONS:

Park Hyatt Aviara Resort

A special rate of \$289 (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 (888) 421-1442 or online https://resweb.passkey.com/go/hospitalAssn and referring to the HASC room block. Your credit card will be charged for one night upon receipt of your reservation. HASC appreciates the overwhelming response to this event each year and we encourage you to reserve early. Our room block expires on March 27 or sooner if sold out. Any cancellation received within seven days of the check-in date will not be refunded and you will be charged for the full stay. HASC staff will make every effort to identify a replacement guest to take your reservation if you need to cancel within seven days in advance. In the event that you arrive late or depart early, the resort will charge your credit card for the total number of nights reserved.

IMPORTANT REMINDERS

- Faxed, emailed and online meeting registrations without credit card payment information will not be processed until payment is received.
- · Groups of five or more from the same hospital or system headquarters will receive the fifth registrant on a complimentary basis when they register at the same time. Contact Leticia Salcido at (213) 538-0737 for more information on how to register your team with this discount (available until March 27).
- Meeting cancellations received in writing by March 27, will be subject to a \$50 processing fee. We welcome substitutions. Refunds will not be granted after March 27. Refunds will not be provided for no-shows after the conference.
- HASC requires that all participants refrain from planning hospitality events or activities at any time during the Annual Meeting without HASC's permission. Planning independent events at any time during the Annual Meeting without the permission of HASC will result in cancellation of the event and forfeiture of any deposits for food and beverage orders. Failure to observe this policy will result in restriction from participating in future events. Competing times are defined as: Wednesday, April 22, 8 a.m. to 9 p.m.; Thursday, April 23, 7 a.m. to 9 p.m.; and Friday, April 24, 7 a.m. to noon.
- Americans With Disabilities Act (ADA): Please call (213) 538-0737 for any special needs or assistance.

MAKE CHECK PAYABLE TO: HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA

HASC Annual Meeting • Leticia Salcido • 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300

THANK YOU FOR YOUR REGISTRATION. HASC WILL SEND CONFIRMATION TO YOU PRIOR TO THE CONFERENCE. IF YOU DO NOT RECEIVE A CONFIRMATION, PLEASE CALL LETICIA SALCIDO AT (213) 538-0737.

QUESTIONS

- Phone: (213) 538-0737
- Email: lsalcido@hasc.org
- Fax: (213) 538-0987
- https://resweb.passkey.com/go/hospitalAssn

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

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