



MEMBER REGISTRATION FORM

Mail or fax 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 www.hasc.org. Questions? Email: LSalcido@hasc.org or call (213) 538-0737

1. MEMBER REGISTRATION: \$795 before February 5; \$895 after February 5. Associate Members: \$995.

Early-bird registration applies to hospital members only. To receive the discount, payment must be received no later than February 5.

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 (one per person): \$195 includes all hosted meal functions and general sessions.

ASSOCIATE MEMBER GUEST: \$295 includes all hosted meal functions and general sessions.

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

(To be used for guest invitation only) email: _____

Nickname (as you wish it to appear on your badge): _____

3. GOLF: Wednesday, April 11, 8:30 a.m. No refunds; player substitutions accepted. Event not transferrable.

Member: \$225 per player; Associate Member: \$325 per player.

1) Member Name: _____ SCGA Index: _____

2) Spouse/Guest Name: _____ SCGA Index: _____

4. TENNIS: Thursday, April 12, following last breakout. All levels, round-robin. Complimentary.

Yes, I would like to play in the all-levels, round-robin.

1) Member Name: _____ 2) Spouse/Guest Name: _____

5. REGISTRATION FEES: Registration confirmed upon receipt of payment.

CATEGORY	FEES	AMOUNT
HASC Hospital Member (per registrant)	\$795 before Feb. 5; \$895 after Feb. 5	\$ _____
Spouse/Family Member/Guest (limit 1)	\$195 per adult family member	\$ _____
HASC Associate Member (limit 2 from the same organization)	\$995 per registrant	\$ _____
HASC Associate Member Guest (limit 1)	\$295 per adult family member	\$ _____
Golf: Member	\$225 x _____ players	\$ _____
Golf: Associate Member	\$325 x _____ players	\$ _____
TOTAL		\$ _____

6. PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____

To pay by credit card, please visit www.hasc.org/2018-HASC-Annual-Meeting



7. HASC MEMBER CONTINUING EDUCATION SIGN-UP:

First Name: _____ Last Name: _____
(Please Print)

- ACHE Continuing Education Credit: Hospital Association of Southern California is authorized to award 6.0 hours of pre-approved ACHE Qualified Education credit for this program toward advancement, or recertification, in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select “My Education Credit” to log hours earned.
- 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, Carlsbad

A special rate of \$309 plus applicable fees and taxes per single or double occupancy per night has been arranged for this conference. Reservations may be made through Park Hyatt’s web site: <https://aws.passkey.com/go/HASC2018AnnualMeeting>, or call (888) 421-1442. Your credit card will be charged for one night upon receipt of your reservation. Our room block expires on March 16 or sooner if sold out. Any cancellation received within seven days of the check-in date will not be refunded for the one night deposit. If you need to cancel your hotel reservation, please call HASC first at (213) 538-0737 and we will make every effort to identify a replacement guest to take your reservation. In the event that you arrive late or depart early, the resort will charge your credit card for the total number of nights reserved.

HASC appreciates the overwhelming response to this event each year and we encourage you to reserve early.

IMPORTANT REMINDERS

- 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 16).
- Meeting cancellations received in writing by March 16, will be subject to a \$50 processing fee. We welcome substitutions. Refunds will not be granted after March 16. 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 11, 8 a.m. to 9 p.m.; Thursday, April 12, 7 a.m. to 8:30 p.m. and Friday, April 13, 7 a.m. to noon.
- Americans With Disabilities Act (ADA): Please call (213) 538-0737 for any special needs.

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

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