



HASC ANNUAL MEETING
May 11-13, 2011 • St. Regis Resort, Dana Point
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) 629-4272
 You may also register online at www.hasc.org, click HASC Annual Meeting. Questions? Call (213) 538-0737

1. MEMBER REGISTRATION, \$625 (please print):

First Name: _____ Last Name: _____ Title: _____
 Organization Name: _____
 Organization Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: **(required)** _____
 Nickname (as you wish it to appear on your badge): _____

2. SPOUSE/ADULT FAMILY MEMBER GUEST:

\$150 includes all hosted meal functions and general sessions.

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

3. GOLF:

Wednesday, May 11, 10 a.m. No refunds; player substitutions accepted. Event not transferrable. \$190 per player.

1) Name: _____ SCGA Index: _____ Email: _____
 2) Name: _____ SCGA Index: _____ Email: _____

4. TENNIS:

Thursday, May 12, 4 p.m. All levels, round robin. Complimentary.

Yes, I would like to play in the all levels, round robin. 1) Name: _____ 2) Name: _____

5. REGISTRATION FEES:

Registration confirmed upon receipt of payment.

CATEGORY	FEES	Amount
HASC Hospital Member	\$625 per registrant	\$ _____
HASC Associate Member (limit 2 per organization)	\$825 per registrant	\$ _____
Spouse/Family Member/Guest (limit 1)	\$150 per adult family member	\$ _____
Golf	\$190 per player	\$ _____
TOTAL		\$ _____

6. PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____
 Charge \$ _____ to the following credit card: MasterCard Visa American Express
 Card Number: _____ Exp. Date: _____
 Card Holder Address: _____ City: _____ Zip Code: _____
 Card Holder Name (print): _____ Card Holder Signature: _____

7. HASC MEMBER CEU SIGN-UP:

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

- ACHE Category Type II Credit (hours to be determined)
- BRN Credit, RN License # _____
(Provider approved by the California Board of Registered Nursing. CEP #970. Contact hours to be determined).

8. SPECIAL NEEDS OR MEAL REQUIREMENTS: _____

9. HOTEL RESERVATIONS

A special rate of \$305 plus applicable taxes per single or double occupancy per night has been arranged for this conference. A limited number of ocean view rooms are available for \$355. Reservations may be made by calling (888) 627-7219. Please identify yourself as part of the HASC room block. Your credit card will be charged for one night upon receipt of your reservation. After April 12, the hotel is not required to honor the group rate. The one night charge is refundable if cancelled before May 2.

HASC appreciates the overwhelming response to this event each year and we encourage you to reserve early. After May 2, you will be responsible for your entire reservation. In the event you arrive late or depart early, the resort will charge your credit card for the total number of overnights 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 April 29).
- Meeting cancellations received in writing by April 29, will be subject to a \$50 processing fee. We welcome substitutions. Refunds will not be granted after April 29. 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 the permission of HASC. Planning independent events at any time during the Annual Meeting without permission will result in cancellation of the event and forfeiture of any deposits for food and beverage orders.

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) 629-4272
- Register online at www.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.