



2012 HASC 2ND ANNUAL HEALTH CARE PROVIDER WELLNESS CONFERENCE

June 14-15, 2012 • Hilton Los Angeles/Universal City • Universal City, CA

MEMBER REGISTRATION FORM

First Name: _____ Last Name: _____ Preferred Name: _____

Title: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email (required): _____

HASC MEMBER CEU SIGN-UP:

- ACHE Category, Type II Credit (7 hours)
- BBS Credit: MFCCs 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)
- BRN Credit: RN Lic. No. _____ (Provider approved by the California Board of Registered Nursing. CEP #970 for 7 contact hours.)
- CDR Credit: Course meets the qualifications for 7 hours of continuing education credit for RDs and DTRs as required by the Commission on Dietetic Registration.
- Recertification Credit Hours Awarded:** 7.25 Specified Credit Hours: General

SPOUSE/ADULT FAMILY MEMBER GUEST:

\$135 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> | \$250 per registrant (Must register by May 7, 2012) | \$ _____ |
| CHA/HASC Health Care Provider Member <i>(This HASC member rate also applies to non-acute health care providers)</i> | \$290 per registrant (May 8 – June 1, 2012) | \$ _____ |
| Students <i>(Current student ID required)</i> | \$250 per registrant | \$ _____ |
| Non-member Hospital/Walk-in Rate | \$310 per registrant | \$ _____ |
| Spouse/Family Member/Guest (limit 1) | \$135 per adult family member (Includes all hosted meal functions and wellness activities) | \$ _____ |
| | TOTAL | \$ _____ |



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MEMBER REGISTRATION FORM CONTINUED

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: _____

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# 2175-141-000

HOTEL RESERVATIONS:

Hilton Los Angeles/Universal City

The Hilton Los Angeles/Universal City is located at 555 Universal Hollywood Drive, Universal City, CA 91608-100. A special rate of \$169 (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 1-800-HILTONS 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 May 18, 2012 or sooner if sold out. Hotel cancellations seven days or earlier from the arrival date will be refunded in full. Any cancellations 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, but we cannot guarantee the replacement. In the event that you check out prior to the reserved check-out date, the hotel will charge an early check-out fee of \$75.00.

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.

HOTEL RESERVATIONS:

- Registration deadline is June 1, 2012
- Payment must be received by June 1, 2012
- Mail and make check payable to: HASC Health Care Provider Wellness Conference, 515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300
- Please note on check program# 2175-141-000
- Fax registration form to (213) 482-8537

Conference cancellations received in writing prior to June 1, 2012 will be subject to a \$50 processing fee. Conference refunds cannot be issued after this date. Substitutions are accepted at any time. Fees cannot be transferred to other HASC programs

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.