



Educational Program: *Hospital Disaster Management Training*

LAC+USC Medical Center, 1200 N. State Street Los Angeles, CA 90033-1029
General Hospital Room 1060, 2020 Zonal Ave., Los Angeles

2015 TRAINING DATES

Program: 2 days, 7 a.m. – 5 p.m.

Please select: March 3 & 4 May 5 & 6 October 6 & 7 December 1 & 2

Registration Fee: \$175.00 per registrant (*fee includes: continental breakfast, lunch and handouts*)

Please Note: We require 20 registered students to hold the training. For the rare occasion that we do not have 20 students registered, the class will be cancelled one week prior to the training. You will have the option of signing up for another class or receiving a refund. Please take this into consideration when booking transportation and/or hotel accommodations.

First Name: _____ Last Name: _____ Nickname: _____

Title: _____

Organization: _____

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

Phone: _____ Email: _____

Continuing education sign-up:

BRN License: # _____ (Provider approved by the California Board of Registered Nursing CEP #970 for 16 contact hours.)

ACHE Category, Type II Credit (16 hours)

Payment Method:

Check # _____ Amount: \$175.00

Payable to HASC and mail to: HASC, Attn: Leticia Salcido, 515 South Figueroa St., Suite 1300, Los Angeles CA 90071

MasterCard Visa American Express Discover Card

Credit Card: # _____ Exp. Date: _____ Amount: \$175.00

Cardholder Full Name (please print): _____

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

Phone: _____ E-Mail: _____

Authorized Signature: _____

Special Needs or Questions:

For ADA assistance or general registration questions, contact Leticia Salcido at (213) 538-0737 or lsalcido@hasc.org.

Cancellations:

All cancellations must be requested in writing and confirmed by HASC no later than 14 days prior to the program date. Cancellations will be accepted less a \$25 processing fee. NO REFUNDS 14 days prior to the program date. Later cancellations and non-attending registrants will be invoiced for the entire registration fee. Substitutions are accepted at any time. Fee is due and payable 14 days in advance of the program date.

Fax completed registration form to (213) 538-0987 or Email to lsalcido@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.