



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 at www.hasc.org/2012AnnualMeeting. 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 23, 9 a.m. No refunds; player substitutions accepted. Event not transferrable. \$225 per player.

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

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

4. TENNIS:

Thursday, May 24, 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	\$225 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:****The Grand Del Mar Resort**

A special rate of \$325 (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 (855) 314-2030 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 Monday, April 23 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.

The Grand Del Mar Resort will impose a two-night minimum stay for Wednesday, May 23 and Thursday, May 24 (departing on the 25th) in conjunction with the HASC room block. If you plan to stay only one night, we suggest that you stay at the San Diego Marriott Del Mar. We appreciate your cooperation in managing our room block commitment.

San Diego Marriott Del Mar

Guests may also reserve at the San Diego Marriott Del Mar located at 11966 El Camino Real, San Diego, California 92130, a five-minute drive from The Grand Del Mar Resort. A rate of \$149 per overnight room, single or double occupancy, will be available until April 23, 2012. The block is identified under HASC. To reserve, call (800) 228-9290 or (858) 523-1700.

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 May 4).
- Meeting cancellations received in writing by May 4, will be subject to a \$50 processing fee. We welcome substitutions. Refunds will not be granted after May 4. 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 that 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.