

Registration

Reset Form

Print Form

Let's "Face" It: What the Hospice Face-to-Face Recertification Requirement Means for You

Webinar
November 1, 2011
Noon - 1:00 PM



California Hospice & Palliative Care Association
3841 North Freeway Blvd., Ste. 225
Sacramento, CA 95834
Phone: 916-925-3770
Fax: 916-925-3780
<http://calhospice.org>

Agency Information

| | | |
|----------|------|--|
| Contact: | | |
| Agency: | | |
| Address: | | |
| City: | | |
| ST: | Zip: | |
| Email: | | |
| Phone: | | |

Registration Fees

| | | |
|---------------|--------------------------|---------|
| CHAPCA Member | <input type="checkbox"/> | \$79.00 |
| Non-Member | <input type="checkbox"/> | \$99.00 |

JOIN!

Registration is for a single computer per location.

Payment

- Check payable to: CHAPCA
- Credit Card
- American Express
 - Mastercard
 - Visa

Card Number:

Security Code:

Cardholder Name:

Data is not secure. Do not email.

Billing Address (if different from above)

| | | |
|----------|------|--|
| Agency: | | |
| Address: | | |
| City: | | |
| ST: | Zip: | |

To receive the member discount, your location must have a current membership with CHAPCA. If you are unsure of your membership status, please contact the CHAPCA office at 916-925-3770 or info@calhospice.org. CEU: Regretfully, CE credit is not available for this training.

Send Completed Form with Payment To:

CHAPCA, 3841 North Freeway Blvd., Ste. 225, Sacramento, CA 95834; FAX 916-925-3780

Registration must be received by October 26, 2011. Confirmation will be sent upon receipt of registration form and fee. Refunds, less \$25 administrative fee, will be made upon written notice of cancellation requests received no later than October 26, 2011. Substitutions are welcome. If you have questions, please contact Barbara Souza at the CHAPCA office at 916-925-3770 or bsouza@calhospice.org.