



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/2013AnnualMeeting. 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: _____

Nickname (as you wish it to appear on your badge): _____

3. GOLF:

Wednesday, May 8, 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 9, 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 x _____ registrants | \$ _____ |
| Spouse/Family Member/Guest (limit 1) | \$150 per adult family member | \$ _____ |
| Golf | \$225 x _____ players | \$ _____ |
| | TOTAL | \$ _____ |

6. PAYMENT INFORMATION:

Enclosed is check # _____ Amount \$ _____

Charge \$ _____ to the following credit card: MasterCard Visa American Express Discover

Card Number: _____ Exp. Date: _____

Card Holder Address: _____ City: _____ Zip Code: _____

Card Holder Name (print): _____ Card Holder Signature: _____

7. HASC MEMBER CONTINUING EDUCATION SIGN-UP:

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

- ACHE Credit (hours to be determined). The Hospital Association of Southern California is authorized to award (TBD hours) of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.
- 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:****St. Regis Monarch Beach 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 1-888-627-7219 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 April 5 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.

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 17).
- Meeting cancellations received in writing by April 17, will be subject to a \$50 processing fee. We welcome substitutions. Refunds will not be granted after April 17. 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 HASC's permission. Planning independent events at any time during the Annual Meeting without the permission of HASC will result in cancellation of the event and forfeiture of any deposits for food and beverage orders. Failure to observe this policy will result in restriction from participating in future events. Competing times are defined as: Wednesday, May 8, 9 a.m. to 9 p.m.; Thursday, May 9, 7 a.m. to 9 p.m.; and Friday, May 10, 7 a.m. to noon.

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
- www.hasc.org/2013AnnualMeeting

You may be photographed or videotaped at the event. HASC reserves the right to use these items in promotional, marketing, educational and other materials.