2016 Conference Registration Form

Last Name _____   First Name _____   Middle _____

Phone: _____   E-mail: _____

Street Address: _____

City/State/Zip: _____

Employer (if you want it to appear on your badge) _____

☐ Member   ☐ Non-Member   Main Language of Service: _____

CHIA 16th Annual Educational Conference *"New Horizons for Healthcare Interpreting"*

The Queen Mary, Long Beach, California March 11-12, 2016

2 Ways to Register
Register online at www.chiaonline.org

Fax your registration form to 1-916-444-1501 Fax must include payment information. Onsite payment will be at the LATE REGISTRATION FEE.
Last date to fax registration form February 13, 2016

Cancellation Policy
Requests received in writing by February 13, 2016 are eligible for refund, subject to a $25.00 administrative fee.

Refunds will not be honored after February 13.

Requests must be submitted to dschinske@chiaonline.org

Consent to use of Photographic Images
Registering for this conference constitutes an agreement to CHIA's use and distribution of image or voice of attendee in photographs, videotape, and audiotape of events and activities.

	CHIA Member	Non-Member
Early Bird Registration (through January 22)		
☐ Friday Only	165	195
☐ Saturday Only	195	225
☐ Full Conference	245	275
Standard Registration (January 23 - February 13)		
☐ Friday Only	195	235
☐ Saturday Only	225	265
☐ Full Conference	275	315
Late Registration (starting February 14, 2016)		
☐ Friday Only	235	275
☐ Saturday Only	265	305
☐ Full Conference	315	355
Pre-Conference Workshops		
☐ Workshop A - Beyond the Cultural Role: The Practitioners' Perspective	40	60
☐ Workshop B - Sight Translation: Improving Accuracy and Flow	40	60
☐ Workshop C - Wanna Joint (Replacement)? & Interpreting in Breast, Prostate, and Liver Procedures	40	60
☐ Workshop D - Bilingual Patient Navigator: The Next Step in Language Access & CHIA Standards **Limited Space Available**	FREE	FREE
Total Due: (please add total conference fees here)	$ _____	$ _____

Payment Information (please print clearly)   ☐ Visa ☐ Mastercard ☐ AmEx

Credit Card Number: _____

Exp. _____Security Code: _____

Name on Card: _____Signature: _____

Credit Card Billing Address: _____

City/State/Zip: _____