17th Annual Educational Conference Registration Form

	Last Name	First Name	Middle		
	Phone:	E-mail:			
THOMINA HEAL	Street Address:				
CHTA	City/State/Zip:	City/State/Zip:			
HIA Employer (if you want it to appear on your badge)					
921 11th Street, Suite 1100 Sacramento, CA 95814					
Sacramento, CA 95614	☐ Member ☐ Non-l	-			
CHIA 17th Annual Educational Conference "Negotiating Change: People, Paradigms and Policies"		Early Bird Registration (through February 4, 2017)	CHIA Member	Non-Member	
		☐ Friday Only	155	195	
DoubleTree by Hilton, 2050 Gateway Place San Jose, California March 17-18, 2017		☐ Saturday Only	195	235	
		☐ Full Conference	275	315	
2 Ways to Register Register online at www.chiaonline.org		Regular Registration (February 5 - 25, 2017)			
Or		☐ Friday Only	195	235	
Email your registration form to dschinske@chiaonline.org Email form must include payment information. Onsite payment will be at the LATE REGISTRATION FEE. Last date to fax registration form February 28, 2017		☐ Saturday Only	235	275	
		☐ Full Conference	315	355	
		Late Registration (starting February 26, 2017)			
Cancellation Policy Requests received in writing by February 28, 2017 are eligible for refund, subject to a \$25.00 administrative fee.		☐ Friday Only	235	275	
		□ Saturday Only	275	315	
Refunds will not be honored after February 28, 2017.		☐ Full Conference	355	395	
Requests must be submitted to dschinske@chiaonline.org		Total Due:	: \$	\$	
Consent to use of Phot Registering for this confe agreement to CHIA's use image or voice of attende videotape, and audiotape activities.	erence constitutes an and distribution of ee in photographs,				
Payment Information (Credit Card Number:	please print clearly)	□ Visa □ Mastercard	□ AmEx		
ExpSe	curity Code:				
Name on Card:					
Credit Card Billing Addr	ess:				

City/State/Zip: _____