

California Association of Healthcare Admissions Management

2009 ANNUAL EDUCATIONAL CONFERENCE & EXHIBITION REGISTRATION FORM

(Please Print)

Name _____

CHAM _____ CHAA _____ RN _____

Title _____

Employer _____ E-mail _____

Employer Address _____ City/State _____

Telephone _____ Fax _____

Mail Confirmation to Home Address:

Address _____ City/State _____ Zip _____

CONFERENCE WORKSHOP SELECTIONS:

(Choose any ONE from each time frame)

SUNDAY, SEPTEMBER 20

2:00 - 3:30 (Choose one)

- S01 - How to Effectively Manage People in Multiple Locations**
- S02 - Managing the Economic Impact: Using People, Processes and Technology to Improve Point of Service Collect**

MONDAY, SEPTEMBER 21

9:30 - 11:30 Welcome and Keynote Speaker - **Is Technology Making Us Stupid?**

2:00 - 3:15 (Choose one)

- M01 - Collecting in a Recession**
- M02 - Charity Care: Impact, Changes, Segmentation and Solutions**
- M03 - Managing Your Work Comp Claims, Before they Manage You!**

3:30 - 4:45 (Choose one)

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- M02 - Charity Care: Impact, Changes, Segmentation and Solutions**
- M03 - Managing Your Work Comp Claims, Before they Manage You!**

TUESDAY, SEPTEMBER 22

9:00 - 10:30 (Choose one)

- T01 - Front-End Tactics for Preventing Back-End Losses**
- T02 - HOW to WOW your Physicians and Patients...with Online Orders**
- T03 - PFS BootCamp**

10:45 - 12:15 (Choose One)

- T01 - Front-End Tactics for Preventing Back-End Losses**
- T02 - HOW to WOW your Physicians and Patients...with Online Orders**
- T03 - PFS BootCamp**

2:00 - 3:30 (Choose one)

- T04 - Creating and Operating a Patient Transfer Center**
- T05 - Secrets to Minimizing Bad Debt**
- T06 - Government Update Speaker (TBA)**

3:45 - 5:15 (Choose One)

- T04 - Creating and Operating a Patient Transfer Center**
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WEDNESDAY, SEPTEMBER 23

8:30 - 9:30 I plan on attending the Member Appreciation Breakfast and Business Meeting.

9:30 - 11:15 Closing Speaker - **Real Magic: Inspiring Your Greatness**

Please complete the following questions:

- This is my first conference. **(Be sure to attend the First Timers Orientation Sunday at 3:45 p.m.)**
- I plan on attending the Member Mixer & Stree-free Zone Monday Evening.
- I request a vegetarian plate.
- My shirt size is: ___ Small ___ Med ___ Lg ___ XL ___ XXL _____

REGISTRATION & PAYMENT OPTIONS: (Choose one)

- Register by mail, pay by check
Payable to: **CAHAM, P.O. Box 2906, Newport Beach, CA 92659-2906**
- Register by mail, pay by Visa or MasterCard
Complete credit card section of the registration form and mail to:
CAHAM, P.O. Box 2906, Newport Beach, CA 92659-2906
- Register online, pay by Visa or MasterCard at: **www.caham.org**
- Register online, pay by check. Visit **www.caham.org**
Payable to: **CAHAM, P.O. Box 2906, Newport Beach, CA 92659-2906**
- Register via fax (530) 242-5428
Mailed check on: _____ (date) or
_____ completed Credit Card section for payment

QUESTIONS? Please call Mistie at 530-225-6360 or 530-209-3811

CANCELLATION POLICY: If registration is cancelled less than 45 calendar days prior to the start of the Conference, 50% of the payment received will be forfeited; less than 30 calendar days, all payment will be forfeited.

REGISTRATION FEE:

2009 CAHAM member (Prior to Aug. 10, 2009)	\$699 _____
2009 CAHAM members (After Aug. 10, 2009)	\$749 _____
Non-members	\$899 _____
One-Day Registration	\$259 _____
Additional Late Registration if mailed after August 31, 2009 of \$50.	+ _____

Total Registration Fee

= \$ _____

CREDIT CARD SECTION

Payment by: Master Card Visa

Credit Card #: _____ Exp. Date: _____ CID: _____

Credit Card Billing Statement Address: _____

Name of Card Holder: _____

Signature of Card Holder: _____