



SUMMIT REGISTRATION

ONLINE @ <http://cccsummit.org/registration>
FAX (888) 789-9475 / PHONE (916) 489-2222
CCCC SUMMIT, 1331 GARDEN HIGHWAY,
SUITE 100, SACRAMENTO, CA 95833
MORE INFORMATION: INFO@COALITIONCCC.ORG

NAME	SUFFIX
TITLE	ORGANIZATION
ADDRESS	
EMAIL	PHONE
@	
TWITTER HANDLE	

CONTINUING EDUCATION

Physician
 Nursing
 Social Work
 Nursing Home Administrator

Certificate of Completion
 License No. (required): _____

ARE YOU INTERESTED IN ATTENDING PEDIATRIC BREAKOUT SESSIONS?

Yes
 No
 Maybe

CCCC ANNUAL SUMMIT REGISTRATION
Registration includes summit materials, and continental breakfast and lunch on both days. Limited partial scholarships are available. Contact CCCC for more information at (916) 489-2222 or info@CoalitionCCC.org.

EARLY (Postmarked by January 28, 2018)

CCCC Member \$399
 Non-Member \$599

ADVANCE (Postmarked between January 28 and February 28, 2018)

CCCC Member \$499
 Non-Member \$699

LATE (Postmarked on or after February 28, 2018)

CCCC Member \$599
 Non-Member \$799

CCCC MEMBERSHIP / I would like to become a member of CCCC

Individual \$50

All staff of organizational members can attend at the member rate. For more information, visit CoalitionCCC.org/membership

You must have paid CCCC dues for the current year to qualify for the membership rate. To verify, contact CCCC at (916) 489-2222 or info@CoalitionCCC.org.

If registering as a member, specify membership type:

Organization
 Community Coalition
 Individual

Indicate the name of the organization or coalition that is a current CCCC member: _____

CCCC DONATION Keep up the good work!

AMOUNT \$ _____

TOTAL \$ _____

I give CCCC my permission to include my contact information in the roster of attendees:

Yes
 No

PAYMENT METHOD

All registrations must be pre-paid:

Check enclosed payable to *Coalition for Compassionate Care of California*
 Credit Card (Visa, Mastercard or Discover)

Name (as it appears on card)

Billing Address

City State Zip

Credit Card Number

Expiration Date (dd/yy) 3 or 4 digit security code

Signature

Faxed registration with signed purchase order is also accepted.
Fax to (888) 789-9475.

Indicate below if you wish to receive one of the following meals:

Vegetarian
 Vegan

Indicate below if you require special accommodations pursuant to the ADA: