SUMMIT REGISTRATION

ONLINE @ **http://ccccsummit.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 31, 2019)
- ○ CCCC Member.....$424
- ○ Non-Member.....$624

ADVANCE (Postmarked between January 31, and March 7, 2019)
- ○ CCCC Member.....$524
- ○ Non-Member.....$724

LATE (Postmarked on or after March 7, 2019)
- ○ CCCC Member.....$624
- ○ Non-Member.....$834

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: