



SUMMIT REGISTRATION

ONLINE @ <http://ccccsummit.org/registration>
FAX (888) 789-9475 / PHONE (916) 489-2222
CCCC SUMMIT, 2530 RIVER PLAZA DRIVE, SUITE 110
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: