



EHR Symposium: Cybersecurity

Wed, March 14 - Thu, March 15, 2018 - Long Beach, CA

Registration Information (please print)			
First Name:		Last Name:	
Credentials:	CHIA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	AHIMA #:	
Employer:		Employer City:	
Job Title:		Department:	
<input type="checkbox"/> Vegetarian Meal Request	Other Special Needs:		
Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business			
Street Address:		City:	Zip/State:
Preferred Contact Information <input type="checkbox"/> Home <input type="checkbox"/> Business			
Phone:	Ext:	Email*	

* REQUIRED for confirmation, program evaluation, and continuing education communications

Event Registering for (check one):			
	CHIA Member	AHIMA Member in CA*	Non-Member
EARLY BIRD (thru March 1)			
Day 1	\$179 <input type="checkbox"/>	\$229 <input type="checkbox"/>	\$249 <input type="checkbox"/>
Day 2	\$179 <input type="checkbox"/>	\$229 <input type="checkbox"/>	\$249 <input type="checkbox"/>
Both Days	\$279 <input type="checkbox"/>	\$329 <input type="checkbox"/>	\$419 <input type="checkbox"/>
REGULAR (March 2 – March 8)			
Day 1	\$229 <input type="checkbox"/>	\$279 <input type="checkbox"/>	\$299 <input type="checkbox"/>
Day 2	\$229 <input type="checkbox"/>	\$279 <input type="checkbox"/>	\$299 <input type="checkbox"/>
Both Days	\$329 <input type="checkbox"/>	\$379 <input type="checkbox"/>	\$469 <input type="checkbox"/>
ON-SITE (after March 8) <i>On-site registrations are welcome on a space-available basis</i>			
Day 1	\$259 <input type="checkbox"/>	\$309 <input type="checkbox"/>	\$329 <input type="checkbox"/>
Day 2	\$259 <input type="checkbox"/>	\$309 <input type="checkbox"/>	\$329 <input type="checkbox"/>
Both Days	\$359 <input type="checkbox"/>	\$409 <input type="checkbox"/>	\$499 <input type="checkbox"/>

* Price reflects an additional \$50 to join CHIA

Payment Information (Required with completed registration form)		CHIA Tax ID #95-6100518
<input type="checkbox"/> Enclosed Check (payable to CHIA) No. _____	<input type="checkbox"/> Attached Check Request/PO No. _____	<input type="checkbox"/> Credit Card Visa, Discover, MasterCard, AMX
Card Number:		Exp. Date:
Billing Address:	City:	Zip:
Cardholder Name (print):	Cardholder Signature:	

Submit completed Registration Forms via:

Email: Register@CaliforniaHIA.org **Fax:** (559) 251-5836 **Mail:** 5055 E McKinley Avenue, Fresno CA 93727