

Registration

Reset Form

Print Form

Continuing Education Credit



California Hospice & Palliative Care Association
3841 North Freeway Blvd., Ste. 100
Sacramento, CA 95834
Phone: 916-925-3770
Fax: 916-925-3780
<http://calhospice.org>

Attendee Information

Attendee:		
Licence #		
Licence Type		
Agency:		
Address:		
City:		
ST:	Zip:	
Email:		
Phone:		

*Please list the workshop or webinar you participated in:

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*To confirm CE Credit was offered for this event, contact us at 916-925-3770 or info@calhospice.org.

Select one

Nursing CE Credit

Fee

\$25 CE Credit Fee

Billing Contact (if different from attendee)

Contact:		
Agency:		
Address:		
City:		
ST:	Zip:	
Email:		
Phone:		

Payment

Total Enclosed

- Check payable to: CHAPCA
- Credit Card
- American Express
 - Mastercard
 - Visa

Card Number:		
Security Code:	Exp. Date:	
Cardholder Name:		
Signature:		

Data is not secure. Do not email.

Your participation in this educational event will be verified. A completed evaluation form must be submitted prior to receiving your credit. To receive a link to the evaluation form, please contact us at info@calhospice.org.

Send Completed Form with Payment To:
CHAPCA, 3841 North Freeway Blvd., Ste. 100, Sacramento, CA 95834; FAX 916-925-3780

Confirmation will be sent upon receipt of registration form and fee.
If you have questions, please contact the CHAPCA office at 916-925-3770 or info@calhospice.org.