



CAADS 2010 WINTER MEETING ON-SITE REGISTRATION FORM - MARCH 2 & 3

◆ ONE FORM PER PERSON, Print clearly or type. Additional forms at www.caads.org ◆ DEADLINES 5 PM ON DATES BELOW. After FEB 17 you must register on-site.

◆ Complete ALL 6 STEPS. Incomplete forms will be returned. Be sure to retain a completed copy of this form for your records.

① Tell us who you are (name to appear on badge), and how people can reach you (to appear on Event Attendance Roster).

First Name _____ / Nickname _____ / Last Name _____ / Credentials _____

Job Title _____ / Facility Name _____

Mailing Address _____ / City / State / Zip _____

Telephone _____ / Fax _____ / Email _____

Contact in case of EMERGENCY _____ / Telephone _____

1ST TIME ATTENDEE
 VEGETARIAN MEAL

② Check a box for each course you will attend. No course changes after FEB 17, due to space/material limitations. NO "course switching" on-site.

TUES. 3/2 SESSION 1: 2:00 - 4:45 PM (choose one) 1A: Separately Billable Services 1B: Role of the Social Worker 1C: Medi-Cal ADHC Audit Defense

WED. 3/3 Session 2: 9:00 - 11:45 AM (choose one) 2A: Financial Audit Appeals 2B: Eligibility & Med Necessity 2C: Protecting Your Legal Rights

WED. 3/3 Session 3: 1:45 - 4:30 PM (choose one) 3A: Share of Cost 3B: FUNDSseeking Essentials 3C: Discharge & Appeals

③ Check all FEES that apply: Registration options, based on above selections, and Continuing Education fee, IF CE credits are desired. Enter amounts below to calculate total due.

REGISTRATION DISCOUNTS <i>Only CAADS Members Receive Additional Registrant Discounts.</i>	EARLY Rate Ends Payment Rcv'd by FEB 3	REGULAR Rate Ends Payment Rcv'd by FEB 17	LATE / ON-SITE Rates Apply After FEB 17, On-Site Reg ONLY
#1: TUE & WED - 1 Continental Breakfast (Wed), 2 Luncheon Meetings (Tue/Wed), 3 Education Courses (Tue/Wed), 2 PM Breaks (Tue/Wed), 1 Reception (Tue)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$245	<input type="checkbox"/> \$285	<input type="checkbox"/> \$325
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$230	<input type="checkbox"/> \$270	<input type="checkbox"/> \$310
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$392	<input type="checkbox"/> \$432	<input type="checkbox"/> \$472
#2: TUE PM Course + All Day WED - 1 Continental Breakfast (Wed), 3 Education Courses (Tue/Wed), 1 Luncheon Meeting (Wed), 2 PM Breaks (Tue/Wed), 1 Reception (Tue)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250	<input type="checkbox"/> \$290
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$195	<input type="checkbox"/> \$235	<input type="checkbox"/> \$275
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$336	<input type="checkbox"/> \$376	<input type="checkbox"/> \$416
#3: TUE PM Course + WED AM Course w/Lunch - 1 Continental Breakfast (Wed), 2 Education Courses (Tue/Wed), 1 Luncheon Meeting (Wed), 1 PM Break (Tue), 1 Reception (Tue)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$195	<input type="checkbox"/> \$235	<input type="checkbox"/> \$275
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$180	<input type="checkbox"/> \$220	<input type="checkbox"/> \$260
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$312	<input type="checkbox"/> \$352	<input type="checkbox"/> \$392
#4: TUE Only All Day - 1 Luncheon Meeting (Tue), 1 Education Course (Tue), 1 PM Break (Tue), 1 Reception (Tue)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$115	<input type="checkbox"/> \$155	<input type="checkbox"/> \$195
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$100	<input type="checkbox"/> \$140	<input type="checkbox"/> \$180
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$184	<input type="checkbox"/> \$224	<input type="checkbox"/> \$264
#5: TUE Association Luncheon Meeting Only - 1 Luncheon Meeting (Tue)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$75	<input type="checkbox"/> \$115	<input type="checkbox"/> \$155
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$140
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$160	<input type="checkbox"/> \$200
#6: TUE PM Course & Reception - 1 Education Course (Tue), 1 PM Break (Tue), 1 Reception (Tue)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$175
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$80	<input type="checkbox"/> \$120	<input type="checkbox"/> \$160
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$152	<input type="checkbox"/> \$192	<input type="checkbox"/> \$232
#7: WED Only All Day - 1 Continental Breakfast (Wed), 2 Education Courses (Wed), 1 Luncheon Meeting (Wed), 1 PM Break (Wed)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$145	<input type="checkbox"/> \$185	<input type="checkbox"/> \$225
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$130	<input type="checkbox"/> \$170	<input type="checkbox"/> \$210
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$232	<input type="checkbox"/> \$272	<input type="checkbox"/> \$312
#8: WED AM Course & Lunch - 1 Continental Breakfast (Wed), 1 Education Course (Wed), 1 Luncheon Meeting (Wed)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$125	<input type="checkbox"/> \$165	<input type="checkbox"/> \$205
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$110	<input type="checkbox"/> \$150	<input type="checkbox"/> \$190
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$240	<input type="checkbox"/> \$280
#9: WED PM Course & Lunch - 1 Education Course (Wed), 1 Luncheon Meeting (Wed), 1 PM Break (Wed)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$115	<input type="checkbox"/> \$155	<input type="checkbox"/> \$195
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$100	<input type="checkbox"/> \$140	<input type="checkbox"/> \$180
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$184	<input type="checkbox"/> \$224	<input type="checkbox"/> \$264
#10: WED PM Course Only - 1 Education Course (Wed), 1 PM Break (Wed)			
<input type="checkbox"/> Member - 1 st Registrant	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$175
<input type="checkbox"/> Member - Additional Registrant	<input type="checkbox"/> \$80	<input type="checkbox"/> \$120	<input type="checkbox"/> \$160
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$152	<input type="checkbox"/> \$192	<input type="checkbox"/> \$232
Continuing Education (CE) Credit (cost is per course)			
	EARLY Rate ends FEB 3	REGULAR Rate ends FEB 17	LATE/On-Site Rates Apply After FEB 17
MEMBER (check your license type below)	<input type="checkbox"/> \$10 multiplied by _____ Courses (3-courses max)	<input type="checkbox"/> \$20 multiplied by _____ Courses (3-courses max)	<input type="checkbox"/> \$30 multiplied by _____ Courses (3 courses max)
<input type="checkbox"/> BRN (RN) <input type="checkbox"/> BBS (MFT/LCSW) <input type="checkbox"/> CCL (ADP Admn/Dir Care) <input type="checkbox"/> BOT (Occupational Therapist)			
NON-MEMBER (check your license type below)	<input type="checkbox"/> \$20 multiplied by _____ Courses (3-courses max)	<input type="checkbox"/> \$30 multiplied by _____ Courses (3-courses max)	<input type="checkbox"/> \$40 multiplied by _____ Courses (3 courses max)
<input type="checkbox"/> BRN (RN) <input type="checkbox"/> BBS (MFT/LCSW) <input type="checkbox"/> CCL (ADP Admn/Dir Care) <input type="checkbox"/> BOT (Occupational Therapist)			

④ Calculate EVENT FEE/S \$ _____ + CE Credits \$ _____ = TOTAL ENCLOSED \$ _____

⑤ Make checks payable to CAADS, or complete the credit / debit card payment information below. We do NOT accept American Express.

VISA MasterCard Discover Card Number: _____

Expires _____ Name that appears on card _____ Authorized Signature _____

Billing Address for Card Listed Above _____ Zip Code _____