

WEBINAR RECORDINGS / HANDOUTS ORDER FORM

REV 12/14/2018



GRANT WRITING	Non-Member	CAADS Member
Grant Writing Tips and Techniques MAR 15, 2018 Recording [60 minutes] ■ Slides	<input type="checkbox"/> \$ 99	No Charge On Members Only
HEALTH & PHYSICAL FORM	Non-Member	CAADS Member
The New Health & Physical Form: A CDA-Approved Standardized Tool OCT 25, 2018 Recording [90 minutes] ■ Slides ■ H & P Form (2018-11-01) ■ PCP Standing Orders Form (2018-11-01) ■ H & P Instructions (2018-11-01) ■ Addendum to H & P Instructions (2018-10-25)	<input type="checkbox"/> \$ 99	No Charge On Members Only
HIPAA	Non-Member	CAADS Member
HIPAA Privacy and Security: An Overview for Organization Leaders JUN 21, 2018 Recording [90 minutes] ■ Slides	<input type="checkbox"/> \$ 99	No Charge On Members Only
INTERNET & EMAIL SAFETY	Non-Member	CAADS Member
Keeping Your Center Cyber Secure: Internet and Email Safety AUG 16, 2018 Recording [90 minutes] ■ Slides	<input type="checkbox"/> \$ 99	No Charge On Members Only
MEDICARE	Non-Member	CAADS Member
Is Medicare Contracting in Your Future? The New Medicare Supplemental Adult Day Services Benefit and YOU! DEC 13, 2018 Recording [90 minutes] ■ Slides	<input type="checkbox"/> \$ 199	<input type="checkbox"/> \$ 29
PERSON CENTERED CARE	Non-Member	CAADS Member
Person Centered Care in Practice: Progress and Reflections on the Journey JUN 16, 2017 Recording [90 minutes] ■ Slides	<input type="checkbox"/> \$ 99	No Charge On Members Only
How Health Literacy, Plain Language & Teach-Back Support Person Centered Care MAR 16, 2017 Recording [90 minutes] ■ Slides ■ Everyday Words for Public Health Communication ■ Plain Language: Getting Started or Brushing Up ■ Plain-Language Checklist for Reviewing Your Document	<input type="checkbox"/> \$ 199	<input type="checkbox"/> \$ 25

* **Required**

* **TOTAL ORDER:**

\$

\$

* Center Name/Organization: _____

* Your Name: _____ * Email: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) - _____

Payment by CREDIT / DEBIT CARD is authorized in the amount of \$ _____

Visa Credit / Debit Card **Mastercard** Credit / Debit Card **Discover** Credit Card **American Express** Credit Card

Card Number: _____

Expiration (Month & Year): ____ / ____ C V V Code: _____

Cardholder's Signature: _____

Name (as it appears on card): _____

Billing Address (if different from above): _____ Billing Zip: _____

Questions? Contact CAADS at (916) 552-7400 or email caads@caads.org

PLEASE SUBMIT COMPLETED FORM WITH PAYMENT TO:

CAADS • 1107 9th Street, Suite 701 • Sacramento, CA 95814 or FAX to: (866) 725-3123