

Complete this form and email or fax with your credit card information to:

Check box for registration: ☐ \$200 – RHC only ☐ \$400 – CAH only ☐ \$500 – RHC and CAH (most popular)

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Card Number: Exp. Date: /
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Amount Enclosed: \$

Select the concurrent sessions you plan to attend:

☐ Please check if you plan to attend the **Networking Social Day Two - CAH Conference**

For questions, please contact Sylvia Weise at **866.766.1340** or **sweise@wipfli.com** or visit **wipfli.com/CAHRHC2017**.