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| card logo | **GOLDEN WEST CENTRAL SERVICE & HEALTHCARE CHAPTER**  Seminar Registration/Membership Form |
| GW Membership No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Is this your first GW Seminar? Yes No |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please record your certification information below:**

Certification Type and No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_

FAX: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ **Your E-Mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seminar Registration Rates for 2019 – Note: ONLY the Non-Member rate for full seminar program, the CS Student rate, and the two day program includes a 2019 Membership. Additional Forms and By-Laws are available on the website. https://www.goldenwestchapter.org/**

**GW Member Non-Member CS Student Membership Dues: $25.00**

Full Program $240.00 $295.00 $130.00 New

Wednesday Only $120.00 $150.00 $80.00 Renewal

Thursday Only $120.00 $150.00 $80.00 Retired

Friday Only $105.00 $115.00 $80.00 Associate

Information Update

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| **QTY** | **Product - Services** | **Price** | **Total** |
|  | Seminar Tuition - enter $ amount from above |  |  |
|  | Extra Dinner ticket for a guest | $25.00 |  |
|  | Extra Lunch ticket for a guest | $15.00 |  |
|  | **I Prefer Vegetarian Meals** **CIRCLE ANSWER**  Last minute changes are subject to fee of **$10.00** | YES | NO |
|  | Golden West Membership Dues | $25.00 |  |
|  |  | **TOTAL** |  |

ARE YOU A MEMBER OF THE INTERNATIONAL ASSOCIATION OF HEALTHCARE CENTRAL SERVICE MATERIAL MANAGEMENT (IAHCSMM)? YES NO

Make Checks/Money Orders Payable to: GWCS & HC

Mail Check & Registration/Membership to: P.O. Box 418163

Sacramento, CA 95841-8163

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| |  | | --- | | **GW USE**: Date Seminar/Membership Form Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid Y / N\_\_\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Membership card sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |