

California Public Employers Employees Health Care Coalition

12th Annual Training Conference
January 20-22, 2010

Harrah's Las Vegas
3475 Las Vegas Blvd South
Las Vegas, NV 89109

"Achieving Quality Healthcare"
You can't afford to miss this.



CONFERENCE REGISTRATION - **SAVE BIG** with Early Registration!

- Ways to Save \$\$\$ -
1. **Early registration** by December 1, 2009 is only \$375. (After Dec. 1 - \$425)
 2. Book your hotel room at Harrah's Hotel & Casino by Dec. 1, 2009 for \$99 + tax.
 3. Stay at Harrah's Hotel & Casino and participate in a drawing for a complimentary room and show tickets for 2.

Your registration fee includes all conference sessions (including pre-session workshops) and conference meals.

Conference Schedule

January 20, 2010 – Pre-Session 5:00pm-8:30pm
January 21, 2010 – Conference 8:00am-5:00pm
January 22, 2010 – Conference 8:00am-2:00pm

This Year's Topics Will Include:

- ✓ "Impact of National Healthcare Reform"
... *What It Means To You*
- ✓ "Saving Money with Appropriate Healthcare"
- ✓ "Getting What You Pay For"

- Please complete a separate registration form for each person attending.
- Make check payable to **"CPEEHCC"** or use Master Card or VISA.
(If you have a large group attending, you can have one payment; however, we need registration forms for EACH person.)

Name on Card (print) _____
Signature _____
MC or Visa# _____
Exp. Date _____ Amount _____

Mail payment and registration form(s) to:
CPEEHCC, c/o HUB International Insurance Services Inc.
Attention: Dellita Kobold
4371 Latham Street, Suite 101
Riverside, CA 92501



HOTEL RESERVATIONS

Make your hotel reservation(s) at Harrah's Hotel & Casino *before* December 1, 2009.
After December 1, 2009 rooms & rates are "space available".

For your convenience, contact the Harrah's property reservations department at 1-800-901-5188 and use Group Code SHCPE0, or go direct and use online hotel booking,
<https://www.harrahs.com/CheckGroupAvailability.do?propCode=LAS&groupCode=SHCPE0>

I am staying at a Harrah's Hotel property.

Name	Title
Organization	
Address () -	City, State, Zip Code () -
Phone	Fax
Email	