

CMSP / Medi-Cal Hospital and Clinic Training
FAX REGISTRATION FORM

Provider representatives will access the training via WebEx for the presentation and audio via a conference call line. All connection information including the conference call number and URL address will be sent to the primary contact. The PowerPoint Presentation will be made available after the conclusion of the training to the contact person via e-mail. Participants will be asked to sign-in to the conference call 5 minutes early and to the WebEx training 10-15 minutes early to ensure connectivity. Please contact CMSP at (916) 649-2631 ext. 25 if there are questions about the training sessions.

Facility Name: _____

Circle One: **Hospital** **Clinic (FQHC/RHC/Tribal Health)**

Primary contact for training session logistics: The primary contact will receive a confirmation of the registration and a copy of the training presentation.

Name: _____ Title: _____

Department: _____ Phone: (____) _____

E-Mail Address: _____ FAX: (____) _____

Please select from one of the following training sessions: Space is limited for each session and registration will occur on a first come, first served basis. If your facility would like to send staff to multiple training dates, please fax a separate form for each of the training dates.

Clinics

- Wednesday, June 4, 2008 – 9:00 AM to 12:00 PM
- Thursday, June 19, 2008 – 1:00 PM to 4:00 PM

Hospitals

- Wednesday, June 4, 2008 – 1:00 PM to 4:00 PM
- Thursday, June 19, 2008 – 9:00 AM to 12:00 PM

Participant information:

Number of **computer terminals** accessing the training: _____

Number of **conference call lines** accessing the training: _____

Number of **participants**: _____ (If multiple participants are using one terminal / line – please include a listing of names with this registration form)

Please fax completed registration form no later than May 28, 2008 to the CMSP Governing Board Administrative Office, Attention: Training, (916) 649-2606.