

Seminar Application

The applicant is requesting attendance to the CASHE Annual Seminar and Tradeshow. Applicants must be a Healthcare member in good standing. All applications are due by 6/1/24 and selected applicants will be notified by 6/15/24.

Name:
Job title:
Facility:
Email:
Cell phone number:
of Years CASHE member:
Can you provide a brief overview of your Healthcare primary functionalities?
What are your expectations or goals for attending the Seminar?

How do you en	vision your pos	ition or role	changing in t	ne future?			
What challenges or pain points does your position or facility struggle with?							
What percentag	ge of the classe	s and netwo	rking do you	anticipate atte	ending?		
				,			
	100%		□ 75%		□ 50%		
Have you atten	ded previous Se	eminars?	Yes	□ No			
If so, where	, and when?						
Is there anythir consideration?	ng else you'd lik	e the commi	ttee to know	about your ap	plication befor	re	