

WEBINAR RECORDINGS / HANDOUTS ORDER FORM

REV 01/31/2024



WEBINAR	Non Member	CAADS Member
Dual Eligible Special Needs Plans 101 2024 DEC19 ■ Recording [89 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 25	No Charge Members Only
What You Need to Know About the Governor's Budget & Raise Our Rates Campaign 2024 JAN 25 ■ Recording [81 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 159	No Charge Members Only
How to Weather Economic Uncertainties by Diversifying Your Revenue 2023 JUNE 29 ■ Recording [92 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 199	<input type="checkbox"/> \$ 39
ERS and EVV –What Should They Mean to Me? 2023 APR 13 ■ Recording [67 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 199	No Charge Members Only
Participant Appeals: Protecting Participant Access to ERS 2023 MAR 23 ■ Recording [90 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 199	No Charge Members Only
Reframing the Roles of Leaders and Front-Line Staff to Strengthen Employee Retention & Engagement 2022 AUG 24 ■ Recording [82 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 49	No Charge Members Only
Behind the Scenes Insider Only View of the Budget Ask, How We Got There, and What \$61.4 Million Dollars Means for You 2022 JULY 6 ■ Recording [67 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 49	No Charge Members Only
The 7 Transformational Rules of Employee Engagement 2022 MAR 30 ■ Recording [64 minutes] ■ Slide Handout	<input type="checkbox"/> \$ 49	No Charge Members Only
Advancing Innovation in Medi-Cal – CalAIM: An Overview 2021 JUNE 9 ■ Recording [88 minutes] ■ Handout	<input type="checkbox"/> \$ 49	No Charge Members Only
Empathy in Elder Day Care: The Practical Connection with John Ford 2021 MAR 10 ■ Recording [84 minutes] ■ Handout	<input type="checkbox"/> \$ 99	<input type="checkbox"/> \$ 25
AB 5 and the "ABC Test": Independent Contractor or Employee? How California's New Classification Law Will Affect Your Center 2020 FEB 06 ■ Recording [90 minutes] ■ Handout	<input type="checkbox"/> \$ 129	<input type="checkbox"/> \$ 35

* **Required**

* **TOTAL ORDER:**

\$

\$

* Center Name/Organization: _____

* Your Name: _____ * Email: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) - _____

Payment by CREDIT / DEBIT CARD is authorized in the amount of \$ _____

Visa Credit / Debit Card **Mastercard** Credit / Debit Card **Discover** Credit Card

Card Number: _____

Expiration (Month & Year): ____ / ____ C V V Code: _____

Cardholder's Signature: _____

Name (as it appears on card): _____

Billing Address (if different from above): _____ Billing Zip: _____

Questions? Contact CAADS at (916) 552-7400 or email caads@caads.org

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