

12-HR CEU SELF-STUDY PACKAGE ASSISTED LIVING FACILITY MANAGERS

Meets Texas Annual CEU Requirements in §553.253(a)(3)

Fax your completed Registration Form to 512-336-1008 or Scan/Email to missy@CHAseminars.com

You will receive an Email confirmation within one (1) business day.

CEU 12-HR PACKAGE	HRS	FEES	Check Discount
<p>Each course listed is 6 CEUs Please choose ONE course from EACH list</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>List A (circle ONE)</p> <ul style="list-style-type: none"> Advance Directives Back Safety End of Life Excellence the Path Chosen High Octane Mentoring Infection Control Those with Vision Lead </div> <div style="width: 45%;"> <p>List B (circle ONE)</p> <ul style="list-style-type: none"> Compliance & Patient Care HIPAA General Overview How Unions Organize Morals in Patient Care OSHA Compliance & Inspections Work Smart ~ Be Safe Workplace Safety & Emergency Preparedness </div> </div>	12	\$208	\$198

REGISTRATION & PAYMENT INFORMATION This information is used **EXCLUSIVELY** by CHA Seminars

Name	Facility Name	
Home Address Street Address, City, State, Zip		
Home Email	Work Email	
Home Phone	Cell Phone	Work Phone

DEBIT/CREDIT CARD AUTHORIZATION (no discount)

BANK DRAFT AUTHORIZATION (for discount)

Card Type AmEx Discover MasterCard Visa	Acct Type Business Personal Checking Savings
Acct#	Routing#
Exp Date	Account#
Name on card	Acct Holder
Billing Address	Bank Name
City, State, Zip	City, State, Zip

I authorize CHA Seminars to charge my debit/credit card for the seminar fees or draft my bank account for the discounted fees above.

Signature

Date