

## INDIVIDUALIZING RESIDENT CARE QUALITY MANAGEMENT

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.

Seminar Selection	Please circle the days & registration fees				Hrs	Fees	Check Discount
<b>ALL 4 Modules</b>					<b>8</b>	<b>\$ 190</b>	<b>\$ 180</b>
Module I					2	\$ 65	\$ 60
Module II	Wed Aug 29 9am	Wed Sept 26 9am	Wed Oct 24 9am	Wed Nov 28 9am	2	\$ 65	\$ 60
Module III					2	\$ 65	\$ 60
QIS by CMS					2	\$ 65	\$ 60
<b>Total Hours &amp; Registration Fees</b>							

### Registration & Payment Information This information is used exclusively by CHA Seminars

Name		Facility Name	
Professional License/Certificate	LNFA # & State Renewal Date	ALM/CALM # Renewal Date	HH/HCSSA # Renewal Date
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 Security Code	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 \_\_\_\_\_

**Remit payment to CHA Seminars at 2514 Stenson Dr, Cedar Park TX 78613**