

## RESIDENT CARE REGULATIONS

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 <small>Please circle the days &amp; registration fees</small>	Hrs	Fees	Check Discount				
<b>Both Days + All Exercises</b>	<b>24</b>	<b>\$ 540</b>	<b>\$ 510</b>				
MEDICATION & PHARMACY REGULATION OVERVIEW	Wed Aug 15 9am	Wed Sept 5 9am	Wed Oct 10 9am	Wed Nov 14 9am	<b>8</b>	<b>\$ 190</b>	<b>\$ 180</b>
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING	Thurs Aug 16 9am	Thurs Sept 6 9am	Thurs Oct 11 9am	Thurs Nov 15 9am	<b>6</b>	<b>\$ 180</b>	<b>\$ 170</b>
<b>ABUSE &amp; NEGLECT – DETECTION, INVESTIGATING &amp; REPORTING EXERCISES</b> The Exercises (Plan of Correction) are <b>optional</b> - MUST attend the 6-hour video portion					<b>10</b>	<b>\$ 200</b>	<b>\$ 190</b>
Exercise #1 – Carver Living Center							
Exercise #2 – Consult America Cottage Hills							
Exercise #3 – Carver Living Center							
<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	
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**