

RESIDENT CARE REGULATIONS MEDICATION & PHARMACY REGULATION OVERVIEW

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
ALL 3 Modules					8	\$ 190	\$ 180
Module I F-Tag 329	Wed Aug 15 9am	Wed Sept 5 9am	Wed Oct 10 9am	Wed Nov 14 9am	4	\$ 130	\$ 120
Module II F-Tag 332 & 333					2	\$ 65	\$ 60
Module III F-Tag 425					2	\$ 65	\$ 60
Total Hours & Registration Fees							

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	Account#	
Billing Address	Acct Holder	
City, State, Zip	Bank Name	
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I authorize CHA Seminars to charge my debit/credit card for the seminar fees or draft my bank account for the discounted fees above.

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