

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 & registration fees</small>	Hrs	Fees	Check Discount				
Both Days + All Exercises	24	\$ 515	\$ 495				
MEDICATION & PHARMACY REGULATION OVERVIEW	Wed Sept 9 9am	Wed Oct 14 9am	Tues Nov 17 9am	Tues Dec 18 9am	8	\$ 185	\$ 175
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING	Thurs Sept 10 9am	Thurs Oct 15 9am	Wed Nov 18 9am	Wed Dec 19 9am	6	\$ 175	\$ 165
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING EXERCISES The Exercises (Plan of Correction) are optional ~ MUST attend the 6-hour video portion					10	\$ 230	\$ 220
Exercise #1 – Carver Living Center			3 hrs	\$ 90		\$ 85	
Exercise #2 – Consult America Cottage Hills			3 hrs	\$ 90		\$ 85	
Exercise #3 – Peace River Nursing & Rehab Center			4 hrs	\$ 120		\$ 110	
Total Hours & Registration Fees							

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

Name		Facility Name	
Professional License (ie: NFA, CALM, RN)	NFA # & State Renewal Date	CALM # Renewal Date	Other 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