

## INDIVIDUALIZING RESIDENT CARE PRESSURE ULCERS & SKIN CARE

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>ALL 3 Modules</b>	<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
<b>Module I</b> Clinical Aspects of Pressure Ulcer Care	3	\$ 90	\$ 85
<b>Module II</b> Science of Wound Care Mgmt	3	\$ 90	\$ 85
<b>Module III</b> Pressure Ulcers	2	\$ 60	\$ 55
<b>Total Hours &amp; Registration Fees</b>			

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

Name		Facility Name	
Professional License <small>(ie: NFA, CALM, RN)</small>	NFA # & State Renewal Date	CALM # Renewal Date	Other Renewal Date
Home Address <small>Street Address, City, State, Zip</small>			
Home Email		Work Email	
Home Phone	Cell Phone	Work Phone	

#### Debit/Credit Card Authorization (no discount)

#### Bank Draft Authorization (for discount)

Card Type <small>AmEx   Discover   MasterCard   Visa</small>	Acct Type <small>Business   Personal   Checking   Savings</small>
Acct#	Routing#
Exp Date	Security Code
Name on card	Account#
Billing Address	Acct Holder
City, State, Zip	Bank Name
	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**