

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 <small>Please circle the days & registration fees</small>	Hrs	Fees	Check Discount
ALL 4 Modules	8	\$ 185	\$ 175
Module I	2	\$ 60	\$ 55
Module II	2	\$ 60	\$ 55
Module III	2	\$ 60	\$ 55
QIS by CMS	2	\$ 60	\$ 55
Total Hours & Registration Fees			

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 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