

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	Tues Apr 19 9am	Tues May 17 9am	Tues June 21 9am	Tues July 26 9am	8	\$ 185	\$ 175
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING	Wed Apr 20 9am	Wed May 18 9am	Wed June 22 9am	Wed July 27 9am	6	\$ 175	\$ 165
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING EXERCISES <small>The three (3) exercises are OPTIONAL - MUST attend the 6-hour video portion The exercises are writing Plans of Corrections (POCs) for the three (3) Case Studies discussed in the video portion</small>					10	\$ 230	\$ 220
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