RESIDENT CARE, RIGHTS & 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.

RESIDENT CARE, RIGHTS & REGULATIONS			Hrs	FEES	Check Discount	
HIPAA General Overview OSHA Compliance & Inspections Compliance & Patient Care Workplace Safety & Emergency Preparedness			24	\$ 415	\$ 395	
REGISTRATION & PAYMENT INFORMATION This information is used EXCLUSIVELY by CHA Seminars						
Name		Facility Name				
NFA License# Re	newal te	State		NAB Regis		
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 E	Busin	ess Persor	nal Check	ing 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						