

12-HR CEU SELF-STUDY PACKAGE Assisted Living Facility Managers

Meets Texas Annual CEU Requirements in §553.41(a)(1)(C)

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.

CEU 12-HR PACKAGE	Hrs	Fees	Check Discount		
Please choose one course from each list					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> List A – 6 hrs Infection Control Morals in Patient Care Legacy Leadership Book 1 Legacy Leadership Book 2 Legacy Leadership Book 3 Legacy Leadership Book 4 </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> List B – 6 hrs Compliance & Patient Care HIPAA General Overview OSHA Compliance & Inspections Work Smart ~ Be Safe Workplace Safety & Emergency Preparedness </td> </tr> </table>	List A – 6 hrs Infection Control Morals in Patient Care Legacy Leadership Book 1 Legacy Leadership Book 2 Legacy Leadership Book 3 Legacy Leadership Book 4	List B – 6 hrs Compliance & Patient Care HIPAA General Overview OSHA Compliance & Inspections Work Smart ~ Be Safe Workplace Safety & Emergency Preparedness	12	\$ 208	\$ 198
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Registration & Payment Information This information is used exclusively by CHA Seminars

Name		Facility Name	
Professional License/Certificate	NFA # State & Renewal	CALM # State & Renewal	Other (Type) State & Renewal
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

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