

## ASSISTED LIVING MANAGERS TRAINING COURSE MGMT CONCEPTS, CUSTOMER SVC & RESIDENT CHARACTERISTICS

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 Please circle the days & registration fees |                            |                            |                            |                             | Hrs      | Fees          | Check Discount |
|--|----------------------------|----------------------------|----------------------------|-----------------------------|----------|---------------|----------------|
| <b>ALL 3 Modules</b>   |                            |                            |                            |                             | <b>8</b> | <b>\$ 185</b> | <b>\$ 175</b>  |
| Mgmt Concepts & Diversity Effectiveness                      |                            |                            |                            |                             | 2        | \$ 60         | \$ 55          |
| Community Resources, Customer Service and Food & Nutrition   | Wed<br><b>Mar 6</b><br>9am | Wed<br><b>Apr 3</b><br>9am | Wed<br><b>May 8</b><br>9am | Wed<br><b>June 5</b><br>9am | 2        | \$ 60         | \$ 55          |
| Resident Characteristics                                     |                            |                            |                            |                             | 4        | \$ 120        | \$ 110         |
| <b>Total Hours &amp; Registration Fees</b>                   |                            |                            |                            |                             |          |               |                |

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

|  |              |               |                 |
|--|--------------|---------------|-----------------|
| Name   |              | Facility Name |                 |
| NFA License#                                     | Renewal Date | State         | NAB CE Registry |
| Home Address<br>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