

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	
NFA License#	Renewal Date	State	NAB CE Registry
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	
Name on card	Account#	
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City, State, Zip	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