

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 Please circle the days & registration fees					Hrs	Fees	Check Discount
Both Days + All Exercises					24	\$ 515	\$ 495
MEDICATION & PHARMACY REGULATION OVERVIEW	Tues Nov 28 9am	Tues Dec 19 9am	Tues Jan 23 9am	Tues Feb 20 9am	8	\$ 185	\$ 175
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING	Wed Nov 29 9am	Wed Dec 20 9am	Wed Jan 24 9am	Wed Feb 21 9am	6	\$ 175	\$ 165
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING EXERCISES The three (3) exercises are OPTIONAL - MUST attend the 6-hour webinar The exercises are writing Plans of Corrections (POCs) for the three (3) Case Studies discussed in the video portion to be completed on your own time					10	\$ 230	\$ 220
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 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
Account#	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

Remit payment to CHA Seminars at 2514 Stenson Dr, Cedar Park TX 78613