

## 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
<b>Both Days + All Exercises</b>					<b>24</b>	<b>\$ 515</b>	<b>\$ 495</b>
<b>MEDICATION &amp; PHARMACY REGULATION OVERVIEW</b>	Tues Mar 19 9am	Tues Apr 16 9am	Tues May 21 9am	Tues June 18 9am	<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
<b>ABUSE &amp; NEGLECT – DETECTION, INVESTIGATING &amp; REPORTING</b>	Wed Mar 20 9am	Wed Apr 17 9am	Wed May 22 9am	Wed June 19 9am	<b>6</b>	<b>\$ 175</b>	<b>\$ 165</b>
<b>ABUSE &amp; NEGLECT – DETECTION, INVESTIGATING &amp; REPORTING EXERCISES</b> The three (3) exercises are <b>OPTIONAL - MUST</b> 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					<b>10</b>	<b>\$ 230</b>	<b>\$ 220</b>
<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 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#	
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