INDIVIDUALIZING RESIDENT CARE RESTRAINT REDUCTION

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.

Check

Seminar Selection Please circle the days & registration fees This series reviews CMS regulations and guidelines pertaining to prohibited restraint use and viable alternatives in resident care in nursing homes as defined by Tags F221-F222. Please circle the days below that you wish to attend The Exercise is optional ~ but ONLY after attending the 6-hour video portion					Hrs	Fees	Check Discount	
					6	\$ 175	\$ 165	
					8	\$ 185	\$ 175	
Module I		Thurs Apr 11 9am	Thurs May 16 9am	Thurs June 13 9am	2	\$ 60	\$ 55	
Module II	Thurs				2	\$ 60	\$ 55	
Module III	Mar 14 9am				2	\$ 60	\$ 55	
Exercise					2	\$ 60	\$ 55	
	T	otal Hours	& Registra	ation Fees				
Registration & Payr	nent Informat	ion This info	ormation is us	sed exclusiv e	ely by Ch	HA Seminars		
Name			Facility Name					
NFA License#	Renewal Date	State NAB CE Registry						
Home Address Street Address, City, State, Zip								
Home Email	,,,			Work Email				
Home	Cell			Work Phone				
Phone Debit/Credit Card A	Phone uthorization (no		В			zation (for dis	count)	
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,					
I authorize CHA Seminars to c	harge my debit/credi	t card for the s	eminar fees o	draft my bank	account	for the discount	ed fees above.	
Signature		Date						
Remit pay	ment to CHA Se	eminars at	2514 Stens	son Dr, Ce	dar Par	k TX 78613		