INDIVIDUALIZING RESIDENT CARE

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 & regist	tration fees			Hrs	Fees	Check Discount	
			ALL	3 days	24	\$ 515	\$ 495	
PRESSURE ULCERS & SKIN CARE	Tues May 13 9am	Tues June 10 9am	Tues July 8 9am	Tues Aug 12 9am	8	\$ 185	\$ 175	
QUALITY MANAGEMENT	Wed May 14 9am	Wed June 11 9am	Wed July 9 9am	Wed Aug 13 9am	8	\$ 185	\$ 175	
RESTRAINT REDUCTION	Thurs May 15 9am	Thurs June 12 9am	Thurs July 10 9am	Thurs Aug 14 9am	8	\$ 185	\$ 175	
Total Hours & Registration Fees								
Registration & Payment Inform	ation This			clusively b	y CHA S	eminars		
Name		Facilit Name	•					
NFA License# Renew Date	al		State		NAB CE Registry			
Home Address Street Address, City, State, Zip		1						
Home Email		Work Email						
Home Phone	Cell Phone			Work Phone				
Debit/Credit Card Authorization (no discount) Bank Draft Authorization (for discount)							ount)	
Card Type AmEx Discover MasterCard Visa				usiness Pe		•	ng Savings	
ct#			Routing#					
Exp Date Security Code		Accou	Account#					
Name on card		Acct I	Acct Holder					
Billing Address		Bank	Bank Name					
City, State, Zip			City, State, Zip					
I authorize CHA Seminars to charge my debit/cr	edit card for th	ne seminar fe	es or draft r	ny bank acco	ount for th	ne discounted	fees above.	
Signature Date								
Remit payment to CHA Seminars at 2514 Stenson Dr, Cedar Park TX 78613								