

SELF-STUDY COURSES

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/highlight the course & registration fees	HRS	FEES	Check Discount
Fire Safety	3	\$ 104	\$ 99
Advance Directives	6	\$ 134	\$ 129
Back Safety	6	\$ 134	\$ 129
Compliance & Patient Care	6	\$ 134	\$ 129
End of Life Care	6	\$ 134	\$ 129
Excellence, The Path Chosen	6	\$ 134	\$ 129
High Octane Mentoring	6	\$ 134	\$ 129
HIPAA General Overview	6	\$ 134	\$ 129
How Unions Organize	6	\$ 134	\$ 129
Infection Control	6	\$ 134	\$ 129
Morals in Patient Care	6	\$ 134	\$ 129
OSHA Compliance & Inspections	6	\$ 134	\$ 129
Those with Vision Lead	6	\$ 134	\$ 129
Work Smart, Be Safe	6	\$ 134	\$ 129
Workplace Safety & Emergency Preparedness	6	\$ 134	\$ 129
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#
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