

## RESIDENT CARE REGULATIONS

### ABUSE & NEGLECT ~ DETECTION, INVESTIGATING & REPORTING

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
Review of the CMS regulations and guidelines pertaining to detection, investigation and prevention of abuse, neglect & exploitation.					6	\$ 175	\$ 165
Please circle the day below that you wish to attend					8	\$ 185	\$ 175
The Exercise is optional ~ but ONLY after attending the 6-hour video portion							
Session I					2	\$ 60	\$ 55
Session II	Wed May 20 9am	Wed June 17 9am	Wed July 22 9am	Wed Aug 19 9am	2	\$ 60	\$ 55
Session III					2	\$ 60	\$ 55
Exercise					2	\$ 60	\$ 55
<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