

## 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 & registration fees					Hrs	Fees	Check Discount
<b>ALL 3 days</b>					<b>24</b>	<b>\$ 515</b>	<b>\$ 495</b>
<b>PRESSURE ULCERS &amp; SKIN CARE</b>	Tues May 12 9am	Tues June 9 9am	Tues July 14 9am	Tues Aug 11 9am	<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
<b>QUALITY MANAGEMENT</b>	Wed May 13 9am	Wed June 10 9am	Wed July 15 9am	Wed Aug 12 9am	<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
<b>RESTRAINT REDUCTION</b>	Thurs May 14 9am	Thurs June 11 9am	Thurs July 16 9am	Thurs Aug 13 9am	<b>8</b>	<b>\$ 185</b>	<b>\$ 175</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)

<b>Card Type</b> AmEx   Discover   MasterCard   Visa	<b>Acct Type</b> Business   Personal	Checking   Savings
<b>Acct#</b>	<b>Routing#</b>	
<b>Exp Date</b>	<b>Security Code</b>	
<b>Account#</b>	<b>Acct Holder</b>	
<b>Name on card</b>	<b>Bank Name</b>	
<b>Billing Address</b>	<b>City, State, Zip</b>	
<b>City, State, Zip</b>	<b>City, State, Zip</b>	

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