

## RESIDENT CARE REGULATIONS MEDICATION & PHARMACY REGULATION OVERVIEW

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 Modules</b>					<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
Module I F-Tag 329					4	\$ 120	\$ 110
Module II F-Tag 332 & 333	Tues May 19 9am	Tues June 16 9am	Tues July 21 9am	Tues Aug 18 9am	2	\$ 60	\$ 55
Module III F-Tag 425					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	
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City, State, Zip	Bank Name	
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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