

## INDIVIDUALIZING RESIDENT CARE QUALITY MANAGEMENT

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 <small>Please circle the days &amp; registration fees</small>	Hrs	Fees	Check Discount
<b>ALL 4 Modules</b>	<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
<b>Module I</b>	2	\$ 60	\$ 55
<b>Module II</b>	2	\$ 60	\$ 55
<b>Module III</b>	2	\$ 60	\$ 55
<b>QIS by CMS</b>	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 <small>Street Address, City, State, Zip</small>			
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>Name on card</b>	<b>Account#</b>	
<b>Billing Address</b>	<b>Acct Holder</b>	
<b>City, State, Zip</b>	<b>Bank Name</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**