

RESIDENT CARE REGULATIONS

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
Both Days					16	\$ 350	\$ 340
MEDICATION & PHARMACY REGULATION OVERVIEW	Tues May 19 9am	Tues June 16 9am	Tues July 21 9am	Tues Aug 18 9am	8	\$ 185	\$ 175
ABUSE & NEGLECT – DETECTION, INVESTIGATING & REPORTING	Wed May 20 9am	Wed June 17 9am	Wed July 22 9am	Wed Aug 19 9am	8	\$ 185	\$ 175
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 <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)

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