

## ABUSE & NEGLECT: DETECTION AND REPORTING

Fax your completed Registration Form to 512-336-1008 or 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	Cost	Check/Cash Discount
Review of the CMS regulations and guidelines pertaining to detection, investigation and prevention of abuse and neglect. Please circle the days below that you wish to attend The Exercises (Plan of Correction) are optional ~ but ONLY after attending the 6-hour video portion					6	\$ 175	\$ 165
					8	\$ 185	\$ 175
					10	\$ 230	\$ 218
					12	\$ 275	\$ 260
Medical Aspects of Neglect					2	\$ 60	\$ 55
Modules I, II & III					2	\$ 60	\$ 55
Mod IV & Sexual Abuse in LTC	Wed May 17 9am	Wed June 21 9am	Wed July 26 9am	Wed Aug 23 9am	2	\$ 60	\$ 55
Exercise #1					2	\$ 60	\$ 55
Exercise #2					2	\$ 60	\$ 55
Exercise #3					6	\$ 175	\$ 165
<b>Total Hours &amp; Registration Fees</b>							

### Registration & Payment Information This information is used exclusively by CHA Seminars

Name			
Profession ALM   HH/HCSSA   LNFA/NHA State, License# & Renewal Date _____   Other _____			
Home Address City, State, Zip			
Home Email		Work Email	
Home Phone	Cell Phone	Work Phone	

#### Debit/Credit Card Authorization

#### Bank Draft Authorization

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

I authorize CHA Seminars to debit my bank account/charge my debit/credit card for the seminar registration fees above.

Signature	Date
-----------	------

Remit payment to CHA Seminars at 2514 Stenson Dr, Cedar Park TX 78613