

MEDICATION & PHARMACY REGULATION OVERVIEW

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
ALL 3 Modules					8	\$ 185	\$ 175
Module I ~ F-Tag 329					4	\$ 120	\$ 110
Module II ~ F-Tag 332 & 333	Tues May 9 9am	Wed Jun 14 9am	Tues July 18 9am	Wed Aug 16 9am	2	\$ 60	\$ 55
Module III ~ F-Tag 425					2	\$ 60	\$ 55
Total Hours & Registration Fees							

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#

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

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.