

ABUSE & NEGLECT: DETECTION AND REPORTING

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	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 - MUST attend 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 July 26	Wed Aug 23	Thurs Sept 21	Thurs Oct 19	2	\$ 60	\$ 55
Exercise #1	9am	9am	9am	9am	2	\$ 60	\$ 55
Exercise #2					2	\$ 60	\$ 55
Exercise #3					6	\$ 175	\$ 165
Total Hours & Registration Fees							

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

Name		Facility Name	
Professional License/Certificate ALM/CALA/CALM # & Renewal _____ HH/HCSSA # & Renewal _____ LNFA/NHA #, State & Renewal _____			
Home Address Street 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	
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 cost registration fees or draft/debit my bank account for the seminar discounted registration fees.

Signature

Date

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