

MEDICATION & PHARMACY REGULATION OVERVIEW

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
ALL 3 Modules					8	\$ 185	\$ 175
Module I ~ F-Tag 329					4	\$ 120	\$ 110
Module II ~ F-Tag 332 & 333	Tues July 18 9am	Wed Aug 16 9am	Wed Sept 6 9am	Wed Oct 11 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		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

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.