

## PRESSURE ULCER & SKIN CARE

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
<b>ALL 3 Modules</b>					<b>8</b>	<b>\$ 185</b>	<b>\$ 175</b>
<b>Module I</b> Clinical Aspects of Pressure Ulcer Care					3	\$ 90	\$ 85
<b>Module II</b> Science of Wound Care Mgmt	Wed Jul 19 9am	Thurs Aug 17 9am	Thurs Sept 7 9am	Thurs Oct 12 9am	3	\$ 90	\$ 85
<b>Module III</b> Pressure Ulcers					2	\$ 60	\$ 55
<b>Total Hours &amp; Registration Fees</b>							

### 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	Account#	
Billing Address	Acct Holder	
City, State, Zip	Bank Name	
	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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.