

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	Fees	Check 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	\$ 220
					12	\$ 275	\$ 260
Medical Aspects of Neglect					2	\$ 60	\$ 55
Modules I, II & III					2	\$ 60	\$ 55
Mod IV & Sexual Abuse in LTC	Thurs Feb 22	Thurs Mar 22	Thurs Apr 19	Thurs May 17	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 (Promo Code _____)							

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

Name		Facility Name	
Professional License/Certificate	LNFA # & State Renewal Date	ALM/CALM # Renewal Date	HH/HCSSA # Renewal Date
Home Address Street Address, City, State, Zip			
Home Email		Work Email	
Home Phone	Cell Phone	Work Phone	

Debit/Credit Card Authorization (no discount)

Bank Draft Authorization (for discount)

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 fees or draft my bank account for the discounted fees above.

Signature

Date

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