

SELF-STUDY COURSES

Fax your completed Registration Form to 512-336-1008

You will receive an Email confirmation within one (1) business day.

Seminar Selection Please highlight the course & registration fees	Hrs	Cost	Check/Cash Discount
Fire Safety	3	\$ 104	\$ 99
Advance Directives	5	\$ 124	\$ 119
Back Safety	5	\$ 124	\$ 119
End-of-Life	5	\$ 124	\$ 119
HIPAA General Overview	6	\$ 134	\$ 129
Infection Control	6	\$ 134	\$ 129
Legacy Leadership Book 1	6	\$ 134	\$ 129
Legacy Leadership Book 2	6	\$ 134	\$ 129
Legacy Leadership Book 3	6	\$ 134	\$ 129
Legacy Leadership Book 4	6	\$ 134	\$ 129
Morals in Patient Care	6	\$ 134	\$ 129
OSHA Overview Module I	6	\$ 134	\$ 129
OSHA Overview Module II	6	\$ 134	\$ 129
Regulatory Compliance Overview I	6	\$ 134	\$ 129
Regulatory Compliance Overview II	6	\$ 134	\$ 129
Legacy Leadership Academy	24	\$ 536	\$ 486
Total Hours & Registration Fees			

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

Name		Facility 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