

## ABUSE DETECTION AND REPORTING

**Fax your completed Registration Form to 512-336-1008**

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

**Seminar Selection** ~ Please place an 'X' in the box next to each seminar OVER the date you wish to attend.

Topics & Dates						Hrs	Fees	Fees
This 3-part series reviews CMS' regulations and guidelines pertaining to detection, investigation and prevention of abuse and neglect in nursing homes as defined by Tags F223-F226 Simply mark the days below that you wish to attend the video conference The Exercises are optional ~ but ONLY after attending Mods I-III						8	\$ 175	
						12	\$ 260	
						16	\$ 340	
Modules I & II	Jan 16 11a-1p	Feb 13 2p-4p	Sat Feb 11 9am	Mar 12 11a-1p	Apr 16 2p-4p	2	\$ 55	
Modules III & IV	Jan 17 11a-1p	Feb 14 2p-4p		Mar 13 11a-1p	Apr 17 2p-4p	2	\$ 55	
CMS Video	Jan 18 11a-1p	Feb 15 2p-4p		Mar 14 11a-1p	Apr 18 2p-4p	2	\$ 55	
Exercise #1 Prerequisite Mods I-IV	Jan 18	Feb 15		Mar 14	Apr 18	2	\$ 55	
Exercise #2 Prerequisite Mods I-IV	Jan 18	Feb 15		Mar 14	Apr 18	2	\$ 55	
Exercise #3 Prerequisite Mods I-IV	Jan 18	Feb 15		Mar 14	Apr 18	6	\$ 165	
<b>TOTAL Registration Fees</b>								

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

Name						Birthday		
License #, State, Type & Renewal Date			2 <sup>nd</sup> License #, State, Type & Renewal Date			3 <sup>rd</sup> License #, State, Type & Renewal Date		
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<b>Bank Draft Authorization</b>					<b>Credit/Debit Card Authorization</b>			
					<small>Note: If you'd like to pay by credit card, add 4% to your amount</small>			
Acct Type	Checking	Savings	Ck#	Card Type	AmEx	Discover	MasterCard	Visa
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Routing Transit#				Exp Date		3or4 Digit Code		
Acct Holder Name				Card Holder Name				
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I authorize CHA Seminars to debit my bank account/charge my credit card for the seminar registration fees above.								
Signature						Date		
<b>Mail your check made payable to "CHA Seminars" to 2514 Stenson Dr, Cedar Park TX 78613</b>								