

REGISTRATION FORM



CREATIVE
HEALTH CARE
MANAGEMENT

Cultures of Excellence Workshop

Program Dates: May 25 – 26, 2010

Location: Boston/Burlington, MA

Tuition: \$795 per person

Early Bird Discount before February 22, 2010: \$745 per person

Attendee Information

Registration for 1 participant

Registration for 2 or more participants

Full Name:

Last *First* *Job Title* *Work Phone* *Email*Needed for class confirmation*

Full Name #2

Full Name #3

Full Name #4

Full Name #5

Facility Name:

Special needs for food:

Facility Address:

Address *City* *State* *Zip Code*

Payment Information

Enclosed Payment: \$

Payable to Creative Health Care Management

Check attached (For early bird discount must arrive by Feb. 22, 2010)

Send Invoice/Purchase Order #

MasterCard

Visa

Amex

Credit Card #

CID Code

(see card back):

Exp. Date:

Card Holder Address: Same as above

Address *City* *State* *Zip Code*

Authorized Signature:

Send invoice to/Attn:

Same as Above

Different Address:

Name and Address

Upon receipt of registration, payment must be received within 2 weeks. Space for the class is limited. To avoid cancellation fees, it is required you notify the Creative Health Care Management office if you are not planning to attend and have turned in a registration form.

Details:	Please go to www.chcm.com and click on <i>Current Course Information</i> to locate details on CHCM Education Classes. There you will find a link to the participant letter which will provide information on travel and hotel location. If a participant letter is not listed the first time you look; please check periodically for updates
Questions Contact:	Cathy Perrizo; Program Coordinator Phone: (952) 252-1148 or (800) 728-7766 Email: cperrizo@chcm.com
Important Note:	If cancelling your registration less than two (2) weeks prior to the start date of the class, you will be accountable and charged for 50% of the registration fee.

PLEASE RETURN THIS FORM TO: CREATIVE HEALTH CARE MANAGEMENT

5610 Rowland Road, Suite 100
Minneapolis, MN 55343-8905
Or Fax: 952.854.1866