



REGISTRATION FORM

Leading an Empowered Organization Workshop

Program Dates: April 20, 21, 22, 2010

Location: Minneapolis, MN



Tuition: *groups must sign up together to get the group rate* () \$650 per person () 3-9 people =\$575/person () 10+people=\$525/person

Attendee Information				
<input type="checkbox"/> Registration for 1 participant		<input type="checkbox"/> Registration for 2 or more participants		
Full Name:	_____	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Job Title</i>	<i>Work Phone</i>
	<i>Email*Needed for class confirmation</i>			
Full Name #2	_____			
Full Name #3	_____			
Full Name #4	_____			
Full Name #5	_____			
Full Name #6	_____			
Full Name #7	_____			
Full Name #8	_____			
Facility Name:	_____			Special needs for food: _____
Facility Address:	_____			
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Payment Information				
Enclosed Payment: \$ _____	Payable to Creative Health Care Management	<input type="checkbox"/> Check coming in mail	<input type="checkbox"/> Send Invoice/Purchase Order # _____	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	Credit Card # _____	CID Code (see card back): _____ Exp. Date: _____
Card Holder Address: <input type="checkbox"/> Same as above	_____			
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Authorized Signature: _____				
Send invoice to:(US addresses only) <input type="checkbox"/> Same as Below	<input type="checkbox"/> Different Address: _____			
	<i>Name and Address</i>			
<p><i>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.</i></p>				

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:	Amy Monroe; Program Coordinator Phone: (952) 252-1145 or (800) 728-7766 Email: amonroe@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
Fax: 952.854.1866