



REGISTRATION FORM

The Relationship-Based Care Leader Practicum
*Training for Project Leaders and Team Members Driving the Change to
 Relationship-Based Care*



Program Dates: December 6-10, 2010

Location: Champaign, IL

Tuition: \$1,800 per person (\$300 discount per participant for teams of 5 or more)

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
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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:

Address	City	State	Zip Code
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Payment Information

Enclosed Payment: \$ _____ Payable to Creative Health Care Management Check coming in mail 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: _____
 (US addresses only) 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:	Amy Monroe; Program Coordinator Phone: (952) 252-1145 or (800) 728-7766 Email: amonroe@chcm.com
Important Note:	Two weeks before the class start date, if you need to postpone or reschedule attendance and have paid for the seminar, we will refund your money less \$50 for administrative fees and you can re-register at your convenience. If cancelling your registration less than (2) weeks prior to the start date of the class, you will be charged 50% of the registration fee; the remainder will be refunded.

PLEASE RETURN THIS FORM TO: CREATIVE HEALTH CARE MANAGEMENT
5610 Rowland Road, Suite 100, Minneapolis, MN 55343 Fax: 952.854.1866