



REGISTRATION FORM



CREATIVE
HEALTH CARE
MANAGEMENT

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

Program Dates: July 12-16, 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
_____	_____	_____	_____

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:	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 or Fax: 952.854.1866