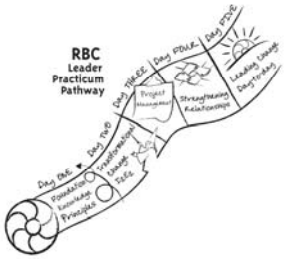

REGISTRATION FORM

The Relationship-Based Care Leader Practicum

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

CREATIVE HEALTH CARE MANAGEMENT

Program Dates: July 26-30, 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.

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