

REGISTRATION FORM

**Annual Gathering for Licensed Facilitators
Reigniting the Spirit of Caring**



Program Dates: November 16-19, 2010

Location: Champaign, IL

Tuition: Fee is the rate on your license agreement

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:
(US addresses only)

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.chem.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:	Creative Health Care Management at (800) 728-7766 Email: amonroe@chem.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
Or Fax: 952.854.1866