



REGISTRATION FORM

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



**Program Dates: September 20-24, 2010**

**Location: Northbrook, 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 <a href="http://www.chcm.com">www.chcm.com</a> 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: <a href="mailto:amonroe@chcm.com">amonroe@chcm.com</a>
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