

REGISTRATION FORM



CREATIVE  
HEALTH CARE  
MANAGEMENT

See Me as a Person New Facilitator Practicum

Program Dates: February 28-March 3, 2017

Location: Champaign, IL

Tuition: Please see contract or contact Andie Skillings (askillings@chcm.com) for cost.

Attendee Information

<b>Full Name:</b>	<i>Last</i>	<i>First</i>	<i>Job Title</i>	<i>Work Phone</i>	<i>Email*Needed for class confirmation</i>
Full Name #2					
Full Name #3					
Full Name #4					
Full Name #5					
Full Name #6					
Full Name #7					
Full Name #8					
<b>Facility Name:</b>				Special needs for food:	
<b>Facility Address:</b>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

Payment Information

Enclosed Payment: \$ _____	Payable to Creative Health Care Management	<input type="checkbox"/> Check coming in mail	<input type="checkbox"/> Send Invoice/Purchase Order # _____
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	Credit Card # _____ CID Code (see card back): _____ Exp. Date: _____
Card Holder Address: <input type="checkbox"/> Same as above	<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Authorized Signature: _____			
Send invoice to/Attn: (US addresses only)	<input type="checkbox"/> Same as Above	<input type="checkbox"/> Different Address: _____	<i>Name and Address</i>
<p><i>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.</i></p>			

Details:	Please go to <a href="http://www.chcm.com">www.chcm.com</a> and click on <i>Events/Webinars</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:	Andie Skillings, Program Coordinator Phone: (952) 252-1140 or via Email: <a href="mailto:askillings@chcm.com">askillings@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. 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

Scan it to [askillings@chcm.com](mailto:askillings@chcm.com) Fax: 952.854.1866

Or mail to: 6200 Baker Road, Suite 200, Minneapolis, MN 55346