



REGISTRATION FORM

Reigniting the Spirit of Caring
New Facilitators Practicum



Program Dates:
May 16-19, 2017

Location: Minneapolis, MN

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

Attendee Information

PLEASE NOTE: You need to attend a RSC event prior to attending the New Facilitator Practicum.

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: _____ *Name and Address*
(US addresses only)

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:	Andie Skillings via Phone 952-252-1140 or Email: askillings@chcm.com
Important Note:	Two weeks before the class start date, if you need to cancel 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

6200 Baker Rd Suite 200, Minneapolis, MN 55346-1923
Email Andie at askillings@chcm.com or Fax: 952.854.1866