

REGISTRATION FORM



See Me as a Person – 2 Day Workshop

Program Dates: October 2-3, 2017

Location: Portland, OR

Tuition: \$325 per person – Early Bird (or groups of 5 or more registering at the same time)
\$395 per person after November 1, 2017

Attendee Information

Registration for 1-4 participants

Registration for 5 or more participants

Full Name:

<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				

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:

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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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 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 Phone: (952) 252-1140 or (800) 728-7766 x120 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: Debbie via email: askillings@chcm.com or Fax: 952.854.1866
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