

Registration Information – Please duplicate and complete one form per registrant

Name: _____ Title: _____ Phone: _____
 Name of Facility/Community: _____ Fax: _____
 E-Mail: (Please Print) _____ Cell: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Type of License: _____ License # _____ License Renewal: Month _____ Year _____

Course Names,
 Dates, & Tuition
 Information can be found on the
 Live Events page at:
www.time4renewal.com

Name of Seminar	Date of Seminar	City Attending	“Early Bird” Tuition	Regular Tuition
TOTAL	-----	-----		

*Early Bird Special... Registrations received in our office 10 days prior to seminar date – Cancellations received at least five working days before the seminar are refundable, less a \$25 administrative fee – For cancellations received later, a credit (minus \$25.00) will be issued toward a future seminar (offer good for 12 months). Certificates will be awarded after successful completion of each class - Space is limited...please enroll early - We hope you'll bring your Manager, Supervisor, Nurse, Social Worker, Maintenance, Activity Director and/or other Personnel along with you for these informative sessions – We look forward to seeing you there! All classes will begin promptly at 8:30am.

How to Register...

Choose “ONE” form of Registration:

- Register online: www.Time4Renewal.com
- Fax completed form to: 615.264.8123
- Register by phone: 615.264.8122
- Email: admin@Time4Renewal.com

Mail Payment to:
 Seay & Associates, LLC
 Admissions & Records
 P.O. Box 292423
 Nashville, TN 37229

Please Make Checks Payable to:
Seay & Associates, LLC

If paying by credit card...

Credit Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		Total Amount:	
Credit Card Number:	_____ - _____ - _____ - _____			
Expiration Date:	____ ____	CVC#	____ ____	
YOUR SIGNATURE:	I authorize the charge to my credit card as indicated in “Total Amount” for Registration of Healthcare CEU Workshops			
	NAME:			
Card Holder’s Information:	ADDRESS:			
	CITY:	STATE	ZIP	
	PURCHASER’S E-MAIL:	PURCHASER’S PHONE:	_____ - _____	

These educational offerings have been reviewed by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and have been Approved for 8 clock hours (per day) of CEU credit

Seay & Associates, LLC P.O. Box 292423 Nashville, TN 37229 Office: 615.264.8122 Fax: 615.264.8123

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