

# REGISTRATION FORM AND FEES

Please register me/us for:

- San Antonio, TX (April 15-16, 2011)
- Washington, DC (April 28-29, 2011)
- Las Vegas, NV ( May 5-6, 2011)
- Memphis, TN (May 12-13, 2011)
- San Antonio, TX (April 12-13, 2011) Home healthcare ownership



14439 N.W. Military Highway,  
 #108, PMB 615 San Antonio,  
 Texas 78231 0=210-698-8700  
 F=210-698-8701  
 1-866-446-2347(TOLL FREE)  
 info@ncehs.com

**RULES:**

To register, please complete the registration form and forward it with fees to: NCEHS, 14439 N. W. Military Highway, Suite #108, PMB 615, San Antonio, TX 78231. Call 210-698-8700 to register or for information. Fax to 210-698-8701. Call 1-866-44NCEHS to register with MasterCard, VISA, AMEX or Discover or fax or email with credit card info. Refer to deadlines. The pre-registration fee is \$399 per person/per course day to March 12 2011 by postmark/email or fax mark with credit card payment: \$349 per person/per course group discount for 3 or more, registering together in the same envelope is available until 3/12/11. Fee payment completes the registration process and the date the envelope is postmarked or credit card payment with fax or email is received is the registration date. Cancellation with full refund minus a \$25 fee is available up to 3/13/11. Letters of credit will be given for course cancellation by registrants after 3/13/11. Substitutions will be accepted up to one day before the course, only with written notification. No substitutions/cancellations are accepted on the day of the course. Registrants who do not attend/call forfeit their fees. No Limit for number of staff registered. See Fees after 3/12/11 below.

NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_ FAX: \_\_\_\_\_  
 (H)PHONE: \_\_\_\_\_ (O)PHONE: \_\_\_\_\_  
 CC ADDRESS: \_\_\_\_\_  
 CC CITY: \_\_\_\_\_ CC STATE: \_\_\_\_\_ CC ZIP CODE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 Cc: credit card \*\*\* You may also pay with check and money order  
 CC#: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
 3-4 DIGIT CODE: \_\_\_\_\_ CARDHOLDER NAME \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE OF ACTUAL REGISTRATION: \_\_\_\_\_

## 2- DAY BOOT CAMP FEES- REGISTER EARLY TO SAVE

DUE DATES	FEES	INDIVIDUAL	GROUP OF 3+
3/12/11	PRE REGISTRATION TO	\$399ea	\$349ea
3/13-15/11	REGISTRATION FROM	\$439ea	\$399ea
3/16-29/11	REGISTRATION FROM	\$479 ea	\$439ea
4/1-8/11	REGISTRATION FROM	\$499ea	\$479ea
4/9-16/11	REGISTRATION FROM	\$549ea	\$499ea
4/17- 19 /11	REGISTRATION FROM	\$599ea	\$549ea

\*You may register one staff member ,family member, child per individual/company

NOTE: The fee covers the entire boot camp, coffee, program break, and materials. There are no per day fees. Check correct registration date by fax, email, or mail postmark.

The one half off of your one staff, spouse, child is one half of your rate base upon the verifiable registration date as noted above. Only one half off fee is allowed by the individual/company. Failure to comply with this requirement via any and all means will result in each of the two legal registrants will be noted fee plus \$100 penalty!!