



Please register me/us for: **\_\_ CHECK ALL DATES YOU DESIRE**  
**\_\_ San Antonio, TX (April 15-16, 2011) \_Nurse and Grow Rich**  
**\_\_ Washington, DC (April 28-29, 2011) \_Nurse and Grow Rich**  
**\_\_ Las Vegas, NV ( May 5-6, 2011) \_Nurse and Grow Rich**  
**\_\_ Memphis, TN (May 12-13, 2011) \_Nurse and Grow Rich**  
**\_\_ San Antonio, TX (April 12-13, 2011) Home Healthcare Ownership**  
**\_\_ ONE QUALIFIED STAFF/FAMILY MEMBER BY PROGRAM RULES OF MIN@**  
**1/2 PRICE RATE TO 3/31/11, SAME DATE & CITY(ES) CHECKED ABOVE.**

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

**BOOT-CAMP RULES: CALL 1-866-446-2347(TOLL FREE) FOR NEEDED INFO NOW!!!! 0=210-698-8700**

To register, please complete this 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. REGISTER ON-LINE AS INSTRUCTED HEREIN OR Call 1-866-44NCEHS(6-2347) 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 15, 2011 by postmark/email/online 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 3/15/11. Fee payment completes the registration process and the date the envelope is postmarked or credit card payment with online/fax/mail or email is received is the registration date. Cancellation with full refund minus a \$25 fee is available up to 3/15/11. Letters of credit will be given for course cancellation by registrants after 3/15/11. 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. A certificate will be awarded to all that complete the entire course attended. Social work credit approved. Content covered meets training mandates for the Administrator/ alternate administrator in the home health care Boot-camp only. No Limit for number of staff registered. See Fees after 3/15/11 below.

**REGISTRATION FORM**

**CC=CREDIT CARD**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_ FAX: \_\_\_\_\_  
 (H)PHONE: \_\_\_\_\_ (0)PHONE: \_\_\_\_\_  
 MY CC BILLING ADDRESS: \_\_\_\_\_  
 CC CITY: \_\_\_\_\_ CC STATE: \_\_\_\_\_ CC ZIP CODE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ MY TITLE \_\_\_\_\_  
 MY QUALIFIED HALF PRICE REGISTRANT TO 3/31/11 IS: \_\_\_\_\_

★★★ Payment Methods: Note We Communicate On-line & By Fax and Email mainly ★★★

\_\_ AE \_\_ VI \_\_ MC \_\_ DIS \_\_ Check \_\_ Money Order

CC#: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

3-4 DIGIT CODE: \_\_\_\_\_ CARDHOLDER NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ on-line signature understanding below.

This is proof of my REGISTRATION agreement and serves as the substitute imprint for MY CREDIT CARD imprint to charge my credit card with the RETURN TO YOU OF THIS REGISTRATION PAGE AND FORM AND THE register me section completed, for my processing & use of my credit to secure a space in this or these boot camp(s), including on-line. I understand that I must be bound for the payment amounts noted for this page by email, fax, postal or online date received. I attest that this is not a fraudulent transaction and is legally made. I understand that by my provision of the info provided and the data provided herein this company is granted the right to charge my debit/credit card and I accept and authorize the billing of the card as the imprint process here & accept it as valid. CALL TOLL FREE ANYTIME: 1-866-446-2347 OR 210-698-8700 F=210-698-8701

**Registration Fees: CHECK RATE FOR TODAY AS APPLICABLE TO YOU AND ANY ONE QUALIFIED 1/2 PRICE REGISTRANT WITH YOU BASED ON THE COURSE RULES.**

- \_\_\_\_\_ \$399ea individual rate and \$349ea group rate of 3 or more to 3/15/11
- \_\_\_\_\_ \$439ea Individual rate and \$399ea group rate of 3 or more to 3/16-20/11
- \_\_\_\_\_ \$479ea Individual rate and \$439ea group rate of 3 or more to 3/21-26/11
- \_\_\_\_\_ \$499ea Individual rate and \$479ea group rate of 3 or more to 3/27-31/11
- \_\_\_\_\_ \$549ea Individual rate 4/1-6/11 -no group or 1/2 off qualified individual rates after 3/31/11.
- \_\_\_\_\_ \$599ea Individual rate 4/7-10/11
- \_\_\_\_\_ \$699ea FROM 4/11/11 AND AT THE DOOR \_ CALL TO CHECK AVAILABILITY!!!!!!!!!!!!!!