

## CHA Seminar: 3-Day Seminar Registration

For more information about this class including current seminar locations and dates, please call us at **800.783.3100**  
email [sales@nanmckay.com](mailto:sales@nanmckay.com), or visit our online store at [nanmckay.com](http://nanmckay.com)

### Seminar Title

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### Seminar Schedule

Start Time: 8:00 A.M. Registration  
Please, visit [www.nanmckay.com](http://www.nanmckay.com) for your  
specific class schedule.

### Registration Options

☐ Seminar only.....\$600

☐ Seminar + Exam.....\$725

☐ **Promo Code: CHA275**

### Seminar Dates and Locations

☐ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

☐ City, State: \_\_\_\_\_

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### Training Location

DePaul Center  
1 East Jackson Blvd.  
Chicago, IL 60604

### Policies

By registering for and attending this training, you agree that you will not copy, share, post, or otherwise disseminate training or exam materials, including but not limited to posting on the internet, internal network, shared drive, or other publicly accessible means of access. Unauthorized distribution of NMA materials may result in the loss of your certification and/or legal action. **Hotel Recommendations:** Please note that these are only recommendations. We also recommend asking for the government rate when booking rooms at any hotel. **Cancellations:** If you are unable to attend this seminar, you may send a substitute or receive a credit toward a future seminar, to be attended within a one-year period. If you are unable to attend, you must notify NMA in writing at least 60 calendar days prior to the start date of the seminar. If you do not notify NMA in writing, you are responsible for the entire registration fee. If you cancel less than 60 days prior to the start date of this seminar, a cancellation fee of \$150 will be assessed. Substitutions must be in writing on company letterhead with the seminar name, location and attendee name, and received by NMA prior to the seminar start date. NMA reserves the right to cancel a seminar at any time. If a seminar is canceled by NMA, registration fees will be refunded or credited in full. NMA is not responsible for airfare, lodging or other related expenses. Please plan ahead by purchasing refundable airfare. **Retaking Exams:** Exam retake options vary; call for details. You are permitted to fail an exam three times before you are required to retake the seminar. NMA reserves the right to change any policies or pricing at any time and in its sole discretion. For more information regarding refund, complaint and program cancellation policies, please contact our offices at 800.783.3100.

### Attendance Information

Print names as you would like the name to appear on the certificate.

☐ Please check here if you are disabled and require a specific accommodation in order to participate in this seminar. A form will be sent to process your request.

Attendee 1 Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Attendee 2 Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Attendee 3 Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Please include a shipping address that is not a P.O. Box. We will ship you a plaque if you purchase and pass the certification exam for this seminar.

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Options

To register using a credit card or purchase order, fax a completed registration form to (619) 258-5791. Make checks payable to Nan McKay & Associates, Inc. and mail the registration form(s) with your check to 1810 Gillespie Way, Suite 202, El Cajon, CA 92020. Payment must be received before registration can be confirmed. Please select one of the following payment options.

Order Total: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Make Payable to NMA Enclosed - Check #: \_\_\_\_\_

Charge my Credit Card: ☐ VISA ☐ Master Card ☐ American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Authorized Signature (Please sign on the line below):

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