

ACCHS Continuing Education Registration Form

Today's Date: _____

Name: _____

Address:

Contact Phone # : _____

Are you an ACCHS alumnus? _____

Would you like to receive continuing education information in the future? _____

What is the date of the continuing education course you are registering? _____

\$60 for all licensed professionals and \$50 for ACCHS faculty and alumni.

Please note: Refunds will only be made until one week prior to the date of the continuing education course. A \$5.00 processing fee will be charged. A \$5.00 late registration fee will be applied to persons who register on the day of the course. All fees are non-refundable.

Please send check or money order to:

ACCHS Business Office
Att: Continuing Education
1601 Clay St. Oakland, CA. 94612