

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? If yes, submit e-mail address _____

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

What is the name of the course(s) _____

Payment. Please place a check next to the amount you are paying. Please note that you must pay the exact amount for the course(s) you will be registering or we will not process your payment and you will not be registered for the CEU seminar.

____ \$100 for all licensed professionals; combination sessions, and/or single courses

____ \$70 for ACCHS alumni, licensed professionals; single courses

____ \$50 for ACCHS alumni, combo courses, licensed professionals; single courses

____ \$40 for ACCHS alumni, licensed professionals; single courses

____ \$25 for ACCHS alumni, combo courses, students, single courses (must include photocopy of current school ID or registration will be returned)

____ \$15 for ACCHS alumni, students, single courses (must include photocopy of current school ID or registration will be returned)

Total Payment: _____ Credit Card #: _____ Exp: _____

CV#: _____

Please send check or money order to:

ACCHS Business Office

Att: Continuing Education

1601 Clay St. Oakland, CA. 94612

(Questions? 510-763-7787 or contined@acchs.edu) 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.