

# Relationship & Results Oriented Healthcare

## CERTIFICATION PROGRAM

# MAIL IN REGISTRATION FORM

### Registration Information —

Please print this form and complete all sections. The information you provide will be used for all program correspondence and name badges.

Mail, with payment, to —

**Hansten Healthcare, PLLC**  
101 Merridith Street  
Port Ludlow, WA 98365

For more information call —

**360-437-8060**

or email Ruth Hansten at —

**ruth@hansten.com**

### Please Note —

- All team members must register together to be eligible for the team rate discount.
- Refunds for cancellations, less a \$50 processing fee, will be made if Hansten Healthcare is notified in writing (email or fax) 10 days before the program. For cancellations less than 10 days before the program, fees may be applied to future programs (less a \$50 processing fee).
- Please complete all sections of the registration form. The information you provide will be used for all program correspondence & name badges.
- All registrations must include the appropriate fees. Mail in registrtion forms must be accompanied by a check. Credit card payments must be made online at [www.rroh.com](http://www.rroh.com).

### Program Registration Fees

**My check is enclosed for the following —**

#### Foundations in Relationship & Results

**Oriented Health Care 1-day Seminar Oct 16, 2007**

- Individual participant rate .....\$200/each
  - Team rate (3 or more from one facility) .....\$185/each
  - Full-time students ..... \$95/each
- \_\_\_\_\_ Number of team members registering

#### Level 1 — Specialist Certification Program

Including RN<sup>2</sup> Seminar and 3-months of ongoing education —

- Individual participant rate ..... \$695/each
  - Team rate (3 or more from one facility) ..... \$675/each
- \_\_\_\_\_ Number of team members

**Note:** If you have attended a Hansten Healthcare Introductory Workshop in the past 18 months, it can be substituted for the RN<sup>2</sup> Seminar. Prices for Level 1 without the RN<sup>2</sup> Seminar are —

- Individual participant rate w/o RN<sup>2</sup> .....\$495/each
  - Team rate w/o RN<sup>2</sup> (3 or more from one facility) ..... \$475/each
- \_\_\_\_\_ Number of team members

#### Level 2 — Facilitator Certification Program

Special introductory fee for Inaugural 3-day session plus 6-months of ongoing education (100 contact hours) — June 5-7, 2007

- Individual participant rate .....\$2,750/each
  - Team rate (3 or more from one facility).....\$2,500/each
- (Transportation, lodging at the Inn at Port Ludlow and meals are not included.)

### Contact Information

name \_\_\_\_\_

credentials \_\_\_\_\_

position/title \_\_\_\_\_

organization \_\_\_\_\_

address \_\_\_\_\_

state/zip \_\_\_\_\_

daytime phone \_\_\_\_\_

email \_\_\_\_\_

- I need special services in accordance with the American with Disabilities Act

Additional team members (include name, credentials, position/title; use a separate piece of paper if you need more room)

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Total Amount Enclosed \_\_\_\_\_