

Registration Form

ASI/ASAM

August 2-3, 2012

HOW TO REGISTER

By Mail:

ODMHSAS, Human Resources Development
2401 NW 23rd Street, Suite 1F
Oklahoma City, OK 73107

By Fax: Faxed registrations are accepted at 405-522-8320

REGISTRATION INFORMATION:

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail Address: _____

**Note: If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you.

I require special accommodations as follows: _____

PAYMENT

Please enclose registration payment. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to ODMHSAS. Please check all boxes that apply. No Refunds.

FORM OF PAYMENT	ODMHSAS EMPLOYEE	REGULAR RATE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/>	<input type="checkbox"/> \$200
<input type="checkbox"/> Purchase Order # _____		<input type="checkbox"/> \$200
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="checkbox"/> \$200

Credit card # _____ Expiration Date: _____ Cardholder signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

<input type="checkbox"/> Physician	<input type="checkbox"/> LPC	<input type="checkbox"/> LMFT	<input type="checkbox"/> Psychologist	<input type="checkbox"/> LADC	<input type="checkbox"/> CPS	<input type="checkbox"/> Under Supervision
<input type="checkbox"/> PRSS	<input type="checkbox"/> CADC	<input type="checkbox"/> LADC	<input type="checkbox"/> LCSW	<input type="checkbox"/> Case Mgmt	<input type="checkbox"/> Other _____	

For information, call Human Resources Development at 405-522-8300.