

# Registration Form

## The Art of Effective Case Management

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

**Please complete all fields**

Name: \_\_\_\_\_

Job Title/Credentials: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

\*\*Note: If an e-mail address is included, a confirmation will be e-mailed to you one week prior to the training.

I require special accommodations as follows: \_\_\_\_\_

### REGISTRATION

Preregistration is required. Please register by the published deadline shown below. Thank you!

**PLEASE CHECK DATE/LOCATION (check one)**

- |   |                                   |   |                                    |
|---|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> May 17, 2013 - Weatherford | Register by May 10 <sup>th</sup>  | <input type="checkbox"/> August 7, 2013 - Tulsa     | Register by July 24 <sup>th</sup>  |
| <input type="checkbox"/> June 27, 2013 - Enid       | Register by June 13 <sup>th</sup> | <input type="checkbox"/> Sept. 26, 2013 - McAlester | Register by Sept. 12 <sup>th</sup> |
| <input type="checkbox"/> July 25, 2013 - OKC        | Register by July 11 <sup>th</sup> |   |                                    |

### 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"/> \$10
<input type="checkbox"/> Purchase Order # _____		<input type="checkbox"/> \$10
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="checkbox"/> \$10
Credit card # _____	Expiration Date: _____	Cardholder signature: _____

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

For training content information or questions, please contact Kodi Pollard at 405-522-2347 or by e-mail at [kapollard@odmhsas.org](mailto:kapollard@odmhsas.org)