

9TH ANNUAL ADSAC CONFERENCE – MAY 30, 2014

Registration Form

HOW TO REGISTER

Complete the form below and submit (with payment, if applicable) to:

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**

Name: _____

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 a week before the conference.**

I require special accommodations as follows: _____

CURRENT STATUS (check all that apply)

ADSAC Assessor ADSAC Facilitator Licensed/Certified Clinician

PAYMENT

ADSAC assessors and facilitators in good standing with the Oklahoma Department of Mental Health and Substance Abuse Services are not charged for this conference. For all other participants, the following rates apply. Please enclose payment with your registration. 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. **No Refunds.**

	Early-Bird Rate (by May 9)	Regular/On-Site Rate (after May 9)
Friday, May 30, 2014	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$135.00
TOTAL DUE	\$ _____	\$ _____

FORM OF PAYMENT

Assessor or Facilitator in Good Standing – No Charge
 Check or money order enclosed payable to **ODMHSAS, FEI #73-6017987**

Purchase Order # _____

Credit Card: Type of Card (check one) MasterCard Visa

Card Number: _____ Exp. Date: ____/____

Authorization Signature: _____