

**REGISTRATION FORM**

**Correct Administration and Application of the Addiction Severity Index (ASI)**

**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: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK ONE TRAINING DATE ONLY**

***Oklahoma City***

- January 16-17, 2014
- March 13-14, 2014
- May 28-29, 2014

***Tulsa***

- February 20-21, 2014
- April 3-4, 2014
- June 5-6, 2014

**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**

- Check or Money Order
- Purchase Order # \_\_\_\_\_
- Credit Card (circle one):  
      Visa                       MasterCard

**EARLY BIRD RATE**  
(one calendar week or more prior to start date)

- \$170
- \$170
- \$170

**REGULAR RATE**

- \$220
- \$220
- \$220

**ODMHSAS EMPLOYEE**

Credit card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

**CONTINUING EDUCATION CREDIT REQUESTED**

- Physician     LPC             LMFT             Psychologist     CPS             Under Supervision
- PRSS             CADC             LADC             LCSW             Case Mgmt     Other \_\_\_\_\_

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