

# **REGISTRATION FORM**

## **Addiction Severity Index (ASI) Up-Date Training**

### 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: \_\_\_\_\_

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

### PLEASE CHECK ONE TRAINING DATE ONLY

#### *Oklahoma City*

- July 29, 2013
- October 14, 2013
- December 12, 2013

#### *Tulsa*

- August 30, 2013
- September 13, 2013
- November 15, 2013

### 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	EARLY BIRD RATE <small>(one calendar week or more prior to start date)</small>	REGULAR RATE	ODMHSAS EMPLOYEE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135	<input type="checkbox"/>
<input type="checkbox"/> Purchase Order # _____	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135	
<input type="checkbox"/> Credit Card (circle one): Visa                      MasterCard	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135	

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"/> CPS       |
| <input type="checkbox"/> PRSS              | <input type="checkbox"/> CADC        | <input type="checkbox"/> LADC | <input type="checkbox"/> LCSW         | <input type="checkbox"/> Case Mgmt |
| <input type="checkbox"/> Under Supervision | <input type="checkbox"/> Other _____ |                               |                                       |                                    |

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