

REGISTRATION FORM

The Revised Second Edition ASAM Patient Placement Criteria Ray Caesar, LPC, LADC

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

Oklahoma City

September 23, 2013

October 28, 2013

November 18, 2013

December 9, 2013

McAlester

October 1, 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 (One calendar week or more before start date)	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): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
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.