

REGISTRATION FORM

Mental Health First Aid (Adults)

Facilitators: Pam Champeau and Robert Goldsberry

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**

By Email: Completed forms may be emailed to **Davon.Brown@odmhsas.org**.

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: _____

Tulsa

June 12, 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

(by June 5, 2014)

- \$45
- \$45
- \$45

REGULAR RATE

(after June 5, 2014)

- \$55
- \$55
- \$55

Credit card # _____

Expiration Date: _____

Cardholder signature: _____

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

