

Registration Form
Nicotine Dependence Treatment Symposium

HOW TO REGISTER:

Complete the form below and mail it (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.

I require special accommodations as follows:

PLEASE CHECK DATE/LOCATION

- | | |
|---|---|
| <input type="checkbox"/> September 20, 2012-Clinton | <input type="checkbox"/> April 26, 2013-Woodward |
| <input type="checkbox"/> October 30, 2012-Vinita | <input type="checkbox"/> May 10, 2013-Enid |
| <input type="checkbox"/> November 8, 2012-Altus | <input type="checkbox"/> June 7, 2013-Oklahoma City |
| <input type="checkbox"/> March 25, 2013-McAlester | |

PAYMENT

This training is offered at no cost to participants.

CONTINUING EDUCATION CREDIT REQUESTED

- | | | | | |
|-------------------------------|--------------------------------------|---------------------------------------|-------------------------------|---|
| <input type="checkbox"/> LPC | <input type="checkbox"/> LMFT | <input type="checkbox"/> Psychologist | <input type="checkbox"/> LADC | <input type="checkbox"/> ODMHSAS Supervisory |
| <input type="checkbox"/> PRSS | <input type="checkbox"/> CADC | <input type="checkbox"/> MSW | <input type="checkbox"/> LCSW | <input type="checkbox"/> Case Mgmt <input type="checkbox"/> Under Supervision |
| <input type="checkbox"/> CPS | <input type="checkbox"/> Other _____ | | | |

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