

REGISTRATION FORM

P-FLASH III©

May 23, 2014

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: _____

Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail Address: _____

I require special accommodations as follows:

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. ODMHSAS employees attend free.

FORM OF PAYMENT

Check or Money Order

Purchase Order # _____

Credit Card (circle one):

Visa MasterCard

Credit card # _____

EARLY BIRD

RATE

\$15

\$15

\$15

Expiration Date: _____

REGULAR

RATE

\$25

\$25

\$25

Cardholder signature: _____

ODMHSAS

EMPLOYEE

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