

Registration Form

Safety Training for Home Based Professionals

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 one week before the training.

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.

FORM OF PAYMENT	ODMHSAS EMPLOYEE	EARLY-BIRD RATE	REGULAR RATE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/>	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135
<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		<input type="checkbox"/> \$85	<input type="checkbox"/> \$135
Credit card # _____	Expiration Date: _____	Cardholder signature: _____	

DATES

- February 10, 2014 – Oklahoma City
- April 11, 2014- OU-Tulsa
- May 23, 2014 - Lawton

CONTINUING EDUCATION CREDIT REQUESTED

- LPC LMFT Psychologist LADC Under Supervision
- PRSS CADC LADC LCSW CM Other _____

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