Registration Form

Ethical Dilemmas in Meeting Mental Health Care Needs

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Cultural Competency Series

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: _____

Home Phone Number: _____

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*** _____

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DATE/LOCATION

Oklahoma City, OK on May 22, 2013

PAYMENT

This workshop is offered for ODMHSAS employees free of charge. If you are a not an ODMHSAS employee, enclose payment with registration. If paying by purchase order (P.O.), mail or fax a copy of the purchase order with the name of the attendee(s) included on the P.O. If paying by check or money order, please make payable to ODMHSAS. Check all boxes that apply. **No refunds.**

FORM OF PAYMENT	EARLY BIRD RATE	REGULAR RATE	ODMHSAS Employee
☐ Check or Money Order	☐ $75.00	☐ $125.00	☐ $0.00
☐ Purchase Order # _____	☐ $75.00	☐ $125.00	
☐ Credit Card (circle one):	☐ $75.00	☐ $125.00	

Visa Mastercard

Credit Card # _____ Expiration Date _____ Cardholder signature _____

CONTINUING EDUCATION CREDIT REQUESTED

☐ Physician ☐ LPC ☐ LMFT ☐ Psychologist ☐ LADC ☐ CPS

☐ PRSS ☐ CADC ☐ MSW ☐ LCSW ☐ Case Mgmt ☐ Under Supervision

☐ ODMHSAS Supervisory ☐ Other_____

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