

Registration Form

Teen Addiction Severity Index (T-ASI)

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: _____

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 ONE TRAINING DATE

- | | |
|--|---|
| <input type="checkbox"/> March 21, 2012 | <input type="checkbox"/> June 6, 2012 |
| <input type="checkbox"/> August 22, 2012 | <input type="checkbox"/> December 7, 2012 |

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
(One week prior to training date)

- \$75
- \$75
- \$75

REGULAR RATE

- \$125
- \$125
- \$125

ODMHSAS Employee

- Grant Funded
- State Funded

Credit card # _____ Expiration Date: _____ Cardholder signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

- | | | | | | |
|--|--------------------------------------|-------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> LPC | <input type="checkbox"/> LMFT | <input type="checkbox"/> Psychologist | <input type="checkbox"/> LADC | <input type="checkbox"/> CPS |
| <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"/> ODMHSAS Supervisory | <input type="checkbox"/> Other _____ | | | | |

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