

REGISTRATION FORM

Teen Addiction Severity Index (T-ASI) Training Dr. Yifrah Kaminer, M.D.

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: _____

I require special accommodations as follows: _____

PLEASE CHECK ONE TRAINING DATE

- March 20, 2014
- June 3, 2014
- September 4, 2014
- December 4, 2014

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.

FORM OF PAYMENT

- Check or Money Order
- Purchase Order # _____
- Credit Card (circle one):
 Visa MasterCard

EARLY BIRD RATE

\$85

REGULAR RATE

\$135

ODMHSAS EMPLOYEE

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"/> CPS | <input type="checkbox"/> Under Supervision |
| <input type="checkbox"/> PRSS | <input type="checkbox"/> CADC | <input type="checkbox"/> LADC | <input type="checkbox"/> LCSW | <input type="checkbox"/> CM | <input type="checkbox"/> Other _____ |

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