

# REGISTRATION FORM

## Teen Addiction Severity Index (T-ASI) Training

### 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 email address is included, you will receive a confirmation email one week prior to the training.

I require special accommodations as follows: \_\_\_\_\_

### DATES

September 4, 2014

December 4, 2014

March 25, 2015

June 3, 2015

September 2, 2015

### 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

Credit card # \_\_\_\_\_

#### EARLY BIRD RATE

\$85

#### REGULAR RATE

\$135

#### ODMHSAS EMPLOYEE

Expiration Date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

### CONTINUING EDUCATION CREDIT REQUESTED

LPC

LMFT

Psychologist

LADC

Under Supervision \_\_\_\_\_

PRSS

CADC

LADC

LCSW

CM

Other \_\_\_\_\_