

# Toxic Relationships in the Workplace

Oklahoma Department of Mental Health  
and Substance Abuse Services



ODMHSAS Training Institute  
Shepherd Mall—2nd Floor, North End  
2401 N.W. 23rd Street, Suite 1F  
Oklahoma City, OK 73107-2431  
405.522.8300

*Getting along with your co-workers in a normal work environment is sometimes challenging. When that environment becomes toxic, it can seem impossible to function and be productive. These workshops will provide the learner with information and action to resolve issues in the toxic workplace.*

The ODMHSAS Training Institute recommends managers attend the 6 hour workshop and staff attend the 3 hour workshop.

## Toxic Relationships in the Workplace

Thursday, September 19, 2013

Monday, November 18, 2013

Thursday, January 30, 2014

8:30—12:00

\$45.00/Public \$35.00/State Employees

## Toxic Relationships in the Workplace for Managers

Thursday, November 7, 2013

Thursday, January 16, 2014

8:30—4:30

\$85.00/Public \$65.00/State Employees

Presenter: Renee Mack

# **REGISTRATION FORM**

## **Toxic Relationships in the Workplace Facilitators: Renee Mack**

### **HOW TO REGISTER**

#### **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.

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

### **Oklahoma City**

November 7, 2013 – Managers

November 18, 2013 – Staff

January 16, 2014 – Managers

January 30, 2014 – Staff

### **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

#### **STATE EMPLOYEES**

##### **STAFF**

\$35

\$35

\$35

#### **PUBLIC**

##### **STAFF**

\$45

\$45

\$45

#### **STATE EMPLOYEES**

##### **MANAGERS**

\$65

\$65

\$65

#### **PUBLIC**

##### **MANAGERS**

\$85

\$85

\$85

Credit card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

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