



Registration Form

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: _____

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 DATE/LOCATION

- | | |
|---|--|
| <input type="checkbox"/> August 12-13, 2014- OKC | <input type="checkbox"/> January 8-9, 2015- Woodward |
| <input type="checkbox"/> September 16-17, 2014- Tulsa | <input type="checkbox"/> February 5-6, 2015- Lawton |
| <input type="checkbox"/> October 2-3, 2014- Claremore | <input type="checkbox"/> March 5-6, 2015- Clinton |
| <input type="checkbox"/> October 29-30, 2014- McAlester | <input type="checkbox"/> April 14-15, 2015- Ponca City |
| <input type="checkbox"/> November 3-4, 2014- Norman | <input type="checkbox"/> May 12-13, 2015- Tulsa |
| <input type="checkbox"/> December 11-12, 2014- Durant | <input type="checkbox"/> June 10-11, 2015- Norman |

PAYMENT

This training is offered at no cost to participants.

CONTINUING EDUCATION CREDIT REQUESTED

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