

REGISTRATION

PLEASE MAIL OR FAX TO:

Human Resources Development Division
Institute for Mental Health and Substance Abuse Education & Training
2401 NW 23rd Street, Suite 1F, Oklahoma City, OK 73107
Fax (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. Please list: _____

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 Cash Please.**

FORM OF PAYMENT

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

EARLY BIRD RATE

(by July 12)

\$85
 \$85
 \$85

REGULAR RATE

(after July 12)

\$135
 \$135
 \$135

Card Number: _____ Exp. Date: ____/____

Authorization Signature: _____

CONCURRENT SEMINAR PREFERENCES

Please check the box next to the workshop you would like to attend during each of the concurrent sessions listed below. Only one workshop should be entered per session.

<input type="checkbox"/> Session 1A	<input type="checkbox"/> Session 1B	<input type="checkbox"/> Session 1C	<input type="checkbox"/> Session 1D	<input type="checkbox"/> Session 1E	<input type="checkbox"/> Session 1F
<input type="checkbox"/> Session 2A	<input type="checkbox"/> Session 2B	<input type="checkbox"/> Session 2C	<input type="checkbox"/> Session 2D	<input type="checkbox"/> Session 2E	<input type="checkbox"/> Session 2F

CONTINUING EDUCATION CREDIT REQUESTED

<input type="checkbox"/> CME	<input type="checkbox"/> LPC	<input type="checkbox"/> MSW	<input type="checkbox"/> Case Management
<input type="checkbox"/> Psychologist	<input type="checkbox"/> LMFT	<input type="checkbox"/> LCSW	<input type="checkbox"/> P-RSS
<input type="checkbox"/> CLEET	<input type="checkbox"/> CADAC	<input type="checkbox"/> CPS	<input type="checkbox"/> Under Supervision
<input type="checkbox"/> LBP	<input type="checkbox"/> LADC	<input type="checkbox"/> Other _____	

For questions or information, please contact Human Resources Development at (405) 522-8300.