

Exhibitor Reservation Form
*6th Annual Statewide Problem Gambling-Oklahoma Problem Gambling:
Past and Present*
March 8, 2013

Chickasaw Nation Training Center
400 N.W. 32nd, Hwy 37
Newcastle, Ok. 73065

Exhibitor Name: _____

Address: _____ City _____

State _____ Zip _____ Phone # _____

Email Address: _____

Name of Person Responsible for Exhibit: _____

Special Needs for Exhibit Space: _____

The fee for exhibiting at the 6th Annual Problem Gambling- Preparing for the Future Conference will be \$150.00 for Profit organizations and \$100.00 for Non-profit.

Please make checks payable to ODMHSAS, FEI # 73-6017987.

Mail to: ODMHSAS, HRD, Attn: Wanda Taylor
2401 N.W. 23rd St., Suite 1F, Oklahoma City, OK 73107.

Fax to: 405-522-8320 Attn: Wanda Taylor

E-mail to: wanda.taylor@odmhsas.org

The fee for exhibiting includes one person's attendance to the conference. 1 table, 2 chairs, table cloth will be included. Table size is 8ft. Exhibitors will be accepted on a first come basis.



Please Specify: _____ Profit _____ Non-Profit

Payment Method: _____ Check _____ Purchase Order _____ Credit Card

Credit Card Holder's Name: _____

Credit Card # _____ Expiration date: _____

Cardholders Name _____ Signature: _____

Exhibitor Conference Registration Information

Name: _____

Contact Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City _____ State _____ Zip _____

I wish to apply for CEU credit in the following discipline:

LPC ___ LMFT ___ LCSW ___ CM ___ LADC ___ Psychologist ___

CADC ___ MSW ___ CPRSS ___ CPS ___ Other ___ Under Supervision ___