

Registration Form

6th Annual Statewide Conference on Problem Gambling

Oklahoma Problem Gambling: Past and Present

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: _____

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: _____

PAYMENT

ODMHSAS employees are admitted at no charge. For all other participants, 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

EARLY BIRD RATE

(by March 1)

\$75

\$75

\$75

REGULAR RATE

(after March 1)

\$125

\$125

\$125

Credit card # _____

Expiration Date: ____/____

Cardholder signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

<input type="checkbox"/> LPC	<input type="checkbox"/> LMFT	<input type="checkbox"/> Psychologist	<input type="checkbox"/> LADC	<input type="checkbox"/> CPS
<input type="checkbox"/> PRSS	<input type="checkbox"/> CADC	<input type="checkbox"/> MSW	<input type="checkbox"/> LCSW	<input type="checkbox"/> Case Mgmt
<input type="checkbox"/> NCGC	<input type="checkbox"/> Other _____			<input type="checkbox"/> Under Supervision

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