REGISTRATION FORM

The ASAM Criteria
Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions

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.

By Email: Completed forms may be emailed to jejones@odmhsas.org.

REGISTRATION INFORMATION:

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail Address: _____

If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you one week prior to the training.

☐ I require special accommodations as follows: _____

DATES

☐ February 23, 2015
☐ April 20, 2015
☐ May 11, 2015
☐ June 22, 2015

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	EARLY BIRD RATE	REGULAR RATE	ODMHSAS EMPLOYEE
☐ Check or Money Order	☐ $85	☐ $135	☐
☐ Purchase Order #_____			
☐ Credit Card (circle one): Visa MasterCard			

Credit card #_____ Expiration Date: _____ Cardholder signature:_____

CONTINUING EDUCATION CREDIT REQUESTED

☐ Physician	☐ LPC	☐ LMFT	☐ Psychologist	☐ CPS	☐ Under Supervision
☐ PRSS	☐ CADC	☐ LADC	☐ LCSW	☐ CM	☐ Other_____