

REGISTRATION FORM

The Revised Second Edition ASAM Patient Placement Criteria Ray Caesar, LPC, LADC

HOW TO REGISTER

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

Online: To register online or for more information, go to [here](#).

REGISTRATION INFORMATION:

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: _____

PLEASE CHECK ONE TRAINING DATE

Oklahoma City

April 22, 2013

June 24, 2013

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

Check or Money Order

Purchase Order # _____

Credit Card (circle one):

Visa

MasterCard

EARLY BIRD RATE

(One calendar week or more before start date)

\$75

\$75

REGULAR RATE

\$125

\$125

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

CONTINUING EDUCATION CREDIT REQUESTED

Physician

LPC

LMFT

Psychologist

LADC

CPS

Under Supervision

PRSS

CADC

LADC

LCSW

Case Mgmt

Other _____

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