

Registration Form

Ethical Dilemmas in Meeting Mental Health Care Needs

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Cultural Competency Series

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: _____

Job Title: _____

Credentials _____

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 emailed about 1 week prior to training.

I require special accommodations as follows _____

DATE/LOCATION

Oklahoma City, OK. - June 26, 2013

PAYMENT

This workshop is offered for ODMHSAS employees free of charge. If you are not an ODMHSAS employee, enclose payment with registration. If paying by purchase order (P.O.), mail or fax a copy of the purchase order with the name of the attendee(s) included on the P.O. If paying by check or money order, please make payable to ODMHSAS. Check all boxes that apply. No refunds.

FORM OF PAYMENT	EARLY BIRD RATE June 12, 2013	REGULAR RATE June 13, 2013	ODMHSAS Employee
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$0.00
<input type="checkbox"/> Purchase Order # _____	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$125.00	
<input type="checkbox"/> Credit Card (circle one):	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$125.00	

Visa Mastercard

Credit Card # _____ Expiration Date _____ Cardholder signature _____

CONTINUING EDUCATION CREDIT REQUESTED

- | | | | | | |
|--|--------------------------------------|-------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Physician | <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"/> Under Supervision |
| <input type="checkbox"/> ODMHSAS Supervisory | <input type="checkbox"/> Other _____ | | | | |

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