Registration Form

Nicotine Dependence Treatment Symposium

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: _____

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 DATE/LOCATION

- ☐ September 25, 2013-Lawton
- ☐ October 23, 2013-Tulsa
- ☐ November 7, 2013-Durant
- ☐ March 27, 2014-Clinton
- ☐ April 24, 2014-McAlester
- ☐ May 13, 2014-OKC

PAYMENT

This training is offered at no cost to participants.

CONTINUING EDUCATION CREDIT REQUESTED

☐ LPC ☐ LMFT ☐ Psychologist ☐ LADC ☐ PRSS
☐ CADC ☐ MSW ☐ LCSW ☐ Case Mgmt ☐ Under Supervision
☐ Other_____

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