

# Registration Form

## Problem Gambling Training

### 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:** \_\_\_\_\_

I require special accommodations as follows: \_\_\_\_\_

**\*Prerequisite** - All individuals seeking certification must complete the program in sequence. Attendees must be a licensed or certified alcohol and drug counselor, a licensed clinician in a behavioral health related field, or under supervision for licensure in a behavioral health related field, Certified Behavioral Health Case Manager or a Certified Peer Recovery Support Specialist.

### 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.**

### PLEASE CHECK ALL THAT APPLY

LBHP/CADC – October 16-17, 2014 and November 13-14, 2014

#### EARLY BIRD RATE

\$340 (by Oct. 1st)

#### REGULAR RATE

\$390 (after Oct. 1st)

Total Amount of Payment:\$ \_\_\_\_\_

### FORM OF PAYMENT

Check or Money Order       Purchase Order # \_\_\_\_\_       Credit Card (circle one): Visa/ Mastercard  
Credit card # \_\_\_\_\_      Expiration Date: \_\_\_\_\_      Cardholder signature: \_\_\_\_\_

### CONTINUING EDUCATION CREDIT REQUESTED

LPC       LMFT       LADC       CPS       CPRSS  
 CADC       MSW       LCSW       Case Mgmt       Under Supervision       Other \_\_\_\_\_

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