

REGISTRATION FORM

Sensitizing Providers to the Effects of Correction Incarceration on Treatment and Risk management

(SPECTRM)

August 21, 2014

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: _____

PAYMENT

Please enclose registration payment (\$30). 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.**

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: _____

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