

**Registration Form**  
**Safety Training for Home Based Professionals**  
**September 7, 2012**

**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

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

**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. If your registration form is received less than one week prior to the training date the fee is \$100.00. No Refunds.

FORM OF PAYMENT	ODMHSAS EMPLOYEE	EARLY- BIRD RATE	REGULAR RATE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
<input type="checkbox"/> Purchase Order # _____		<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
Credit card # _____ Expiration Date: _____ Cardholder signature: _____			

**CONTINUING EDUCATION CREDIT REQUESTED**

LPC       LMFT       Psychologist       LADC       Under Supervision  
 PRSS       CADC       LADC       LCSW       CM       Other \_\_\_\_\_

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