Registration Form

Safety Training for Home Based Professionals – October 7, 2013

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 one week before the training.

☐ 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. No Refunds.

FORM OF PAYMENT	ODMHSAS EMPLOYEE	EARLY-BIRD RATE	REGULAR RATE
☐ Check or Money Order	☐	☐ **$85**	☐ **$135**
☐ Purchase Order #_____		☐ **$85**	☐ **$135**
☐ Credit Card (circle one): Visa MasterCard		☐ **$85**	☐ **$135**

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.