

# Registration Form

## Ethical Dilemmas in Meeting Mental Health Care Needs

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### Cultural Competency Series

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

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** \_\_\_\_\_

**DATE/LOCATION**

Oklahoma City, OK on June 17, 2013

**I WILL ATTEND...**

Cultural Competency (1-4:15p.m.)

**PAYMENT**

This workshop is offered for ODMHSAS employees free of charge. If you are not an ODMHSAS employee, enclose payment with registration. If paying by purchase order (P.O.), mail or fax a copy of the purchase order with the name of the attendee(s) included on the P.O. If paying by check or money order, please make payable to ODMHSAS. Check all boxes that apply. **No refunds.**

**FORM OF PAYMENT**

- Check or Money Order
- Purchase Order # \_\_\_\_\_
- Credit Card (circle one):

**EARLY BIRD RATE**

- \$75.00
- \$75.00
- \$75.00

**REGULAR RATE**

- \$125.00
- \$125.00
- \$125.00

**ODMHSAS Employee**

- \$0.00

Visa    Mastercard

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Cardholder signature \_\_\_\_\_

**CONTINUING EDUCATION CREDIT REQUESTED**

- Physician    LPC    LMFT    Psychologist    LADC    CPS
- PRSS    CADC    MSW    LCSW    Case Mgmt    Under Supervision
- ODMHSAS Supervisory    Other \_\_\_\_\_

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