

Registration Form

Teen Addiction Severity Index (T-ASI)

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: _____

****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: _____

PLEASE CHECK ONE TRAINING DATE

March 13, 2013 **(No late fees will apply for this training)**

June 5, 2013

September 18, 2013

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

Check or Money Order

Purchase Order # _____

Credit Card (circle one):

Visa

Mastercard

EARLY BIRD RATE
(One week prior to training date)

\$75

\$75

\$75

REGULAR RATE

\$125

\$125

\$125

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.