

Well Power

Registration Form

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: _____

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 DATE/LOCATION

- | | |
|--|--|
| <input type="checkbox"/> February 3-4, 2014-OKC | <input type="checkbox"/> April 17-18, 2014-Durant |
| <input type="checkbox"/> February 19-20, 2014-Tulsa | <input type="checkbox"/> May 14-15, 2014-Woodward |
| <input type="checkbox"/> March 11-12, 2014-Claremore | <input type="checkbox"/> May 28-29, 2014-Lawton |
| <input type="checkbox"/> March 13-14, 2014-McAlester | <input type="checkbox"/> June 2-3, 2014-Clinton |
| <input type="checkbox"/> April 7-8, 2014-Norman | <input type="checkbox"/> June 12-13, 2014-Ponca City |

PAYMENT

This training is offered at no cost to participants.

CONTINUING EDUCATION CREDIT REQUESTED

- | | | | | |
|--------------------------------------|-------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> LPC | <input type="checkbox"/> LMFT | <input type="checkbox"/> Psychologist | <input type="checkbox"/> LADC | <input type="checkbox"/> PRSS |
| <input type="checkbox"/> CADC | <input type="checkbox"/> MSW | <input type="checkbox"/> LCSW | <input type="checkbox"/> Case Mgmt | <input type="checkbox"/> Under Supervision |
| <input type="checkbox"/> Other _____ | | | | |

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

