

# Health Care Reform Training - Registration Form

OPRA Office  
1152 Goodale Boulevard, Columbus, Ohio 43212

June 17 or June 29, 2010

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Registration: 9:30 a.m.

Training: 10:00 a.m. to 2:00 p.m.

Lunch will be provided

Only One Registrant Per Form Submission.

## Personal Information

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*Please be aware that the information entered below will be used to create name badges. Please use upper and lower case when entering your information. **Please Note: All fields in bold are required.** Thank you.*

First Name :	<input type="text"/>
Last Name :	<input type="text"/>
Title :	<input type="text"/>
Agency :	<input type="text"/>
Address :	<input type="text"/>
City :	<input type="text"/>
State/Province :	<input type="text"/>
Zip Code :	<input type="text"/>
Phone :	<input type="text"/>
Email :	<input type="text"/>

## Training Date(s)

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***Please select one of the following date(s):***

- ☐ June 17, 2010
- ☐ June 29, 2010

## Registration Information

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Our payment process is secure. To process your credit card, please be sure that your credit card information matches your credit card billing address.

***Please Check Applicable Boxes:***

- ☐ OPRA Member Rate - \$95.00
- ☐ Non-Member Rate - \$150.00

## CEUs Requested

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***Please Check Your Selection:***

- ☐ Ohio Social Work/Counselor – Approved 3.5 Hours
- ☐ ODMR/DD Licensure
- ☐ Adult Services/Day Habilitation, CB Members, Supt./Asst. Supt., SSA - Approval Pending

Special Accommodations: :



## Refund Policy

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*No Refunds or credit after June 15th for the 17th training or June 27th for the 29th training. The full registration fee will be charged for EACH "No-Show." Substitutions are accepted.*

Please complete all of the above information and press the **SUBMIT** button. If you have any questions please contact Teri Derry at [tderry@opra.org](mailto:tderry@opra.org) or 614-655-0176. Thank you.

Submit