

# 2018 Statewide Integrated Care Conference Mail-In Registration Form

**\*\*Register by Credit Card Online [www.uclaisap.org/COD](http://www.uclaisap.org/COD) \*\***

*Please print clearly*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Degree (s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please specify type(s) of continuing education (check all that apply):**

PSY RN LCSW LMFT LPCC/LEP CATC RADT I/II CADDC I/II  
CADDC-CAS CADDC-CS LAADC CAODC

Other (Please Specify): \_\_\_\_\_ License/Certification # (required for CEs): \_\_\_\_\_

**Please specify the workshop you plan to attend for each session by writing in the letter next to the workshop title:**

Day 1, Session I: \_\_\_\_\_ Day 1, Session II: \_\_\_\_\_ Day 2, Session III: \_\_\_\_\_

**Special requirements** (e.g., Vegetarian, Gluten-Free, American Sign Language Interpreter, etc.): \_\_\_\_\_

**Please specify your primary employment setting:**

Primary Care Mental Health Substance Use Other \_\_\_\_\_

**How did you hear about the conference (circle the response that best applies)?**

Printed Flyer Previous Attendee Email Website Friend/Colleague Pride Festival

Media Card Other: \_\_\_\_\_

**Standard Registration Fee:** **\$ 125**

**Los Angeles County Department of Mental Health Employees:** **\$ 60**

**(verified by the 6-digit LACDMH employee number):**

DMH Employee Number: \_\_\_\_\_ Program/Unit: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

**Note to LACDMH employees:** The discounted registration fee is available on a first-come, first-serve basis. Conference registration will only be confirmed (via email) once UCLA ISAP has received your payment. For additional questions, please feel free to email Lisa Gildemontes at [EGildemontes@dmh.lacounty.gov](mailto:EGildemontes@dmh.lacounty.gov)

**Exhibit Tables:** **\$600**

Space for exhibit tables is available (includes one registration). We encourage agencies to share information about their programs and advertise job openings.

**TOTAL ENCLOSED:** **\$ \_\_\_\_\_**

Mail both registration form and payment to:

**UCLA ISAP**, 11075 Santa Monica Blvd, Suite 200, Los Angeles, CA 90025 Attn: Victoria Norith

Or fax this form to (310) 312-0538. For questions: email [sberte@mednet.ucla.edu](mailto:sberte@mednet.ucla.edu), or call (310) 267-5398

\* **Registration fees are the same for one or both days. Registration includes continental breakfast and lunch.**

\* **Notice of cancellation must be made by 5:00 PM PDT October 5, 2018 in order to receive a partial refund (registration fee minus a \$25 administrative processing fee). Otherwise all fees are nonrefundable.**