Register by Credit Card Online
www.uclaisap.org/COD

2017 Statewide Integrated Care Conference
Mail-In Registration Form

Please print clearly

Name:_____
(First) (Middle) (Last)

Degree (s):_____Position/Title:_____

Organization: _____

Address: _____City:_____

State: _____ Zip: _____County: _____

Phone: _____Fax: _____E-mail: _____

Please specify types) of continuing education (check all that apply):

CME-MD ☐ CME-DO ☐ CME-NP ☐ CME-PA ☐ PSY ☐ RN ☐ LCSW ☐

LMFT ☐ LPCC/LEP ☐ RADT I/II ☐ CADC-CAS ☐ CADC I/II ☐ CAODC ☐ CATC ☐

LAADC ☐ CADC-CS ☐ Other _____ 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, American Sign Language Interpreter, ADA accessibility, 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 ☐ Email ☐ Website ☐ Friend/Colleague ☐ Pride Festival ☐ Media Card ☐

Ad in 'Fight' magazine ☐ 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-served basis. Conference registration will only be confirmed (via email) once UCLA ISAP has received payment. For additional questions, please feel free to email Lisa Gildemontes at 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 (make checks payable to: UC Regents) $____

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: sbertea@mednet.ucla.edu, or call (310) 267-5398

*** Registration fees are the same for one or both days. Registration includes continental breakfast both days, and complimentary lunch on day 1.**

*** * Notice of cancellation must be made by 5:00 PM PDT October 18, 2017 in order to receive a partial refund registration fee minus a $25 administrative processing fee). Otherwise all fees are nonrefundable.**