REGISTRATION FOR ETHICS TRAINING

PLEASE COMPLETE THIS FORM TO ATTEND AN ETHICS TRAINING AT INTRACARE NORTH HOSPITAL

NAME					
Address		Сіту		STATE	ZIP
PHONE			FAX		
EMAIL (REQUIR	ED)				
ORGANIZATION/	'AGENCY				
LICENSURE: LC	CSW LPC	LMFT	□rcdc	OTHER:	
PLEASE INDICA	ATE WHICH TRAIN	ING YOU PLAN TO AT	TEND BELOW:		
	Date:	Friday, December 6, 2	2019		
	Location:	IntraCare North Hosp 1120 Cypress Station 281.893.7200	ital		
	Presentation:	Ethical Practices			
	Presenter:	Maeve O'Neill, Med,	LCDC, LPC-S, CI	HS, CDWF/CDTLF	
	Time:	8:30 – 11:30 am			
	Date:	Friday, May 1, 2020			
	Location:	IntraCare North Hosp 1120 Cypress Station 281.893.7200			
	Presentation:	Ethical Practices			
	Presenter:	Gwendolyn Mitchell,	LMFT		
	Time:	8:30 – 11:30 am			

PLEASE COMPLETE THIS FORM AND FAX OR EMAIL IT TO:

CEU Info 1120 Cypress Station Drive Houston TX 77090

Fax: 281.583.0137

Email: ceuinfo@intracare.org

You <u>MUST</u> pre-register to attend.

Receipt of your registration form will be confirmed via email.

Should you find you are unable to attend after registering,
please email ceuinfo@intracare.org or fax 281.583.0137 to cancel your registration.