

REGISTRATION FOR ETHICS TRAINING

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

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL (REQUIRED)

ORGANIZATION/AGENCY

LICENSURE: LCSW LPC LMFT LCDC OTHER: _____

PLEASE INDICATE WHICH TRAINING YOU PLAN TO ATTEND BELOW:

Date: Friday, December 2, 2016
Location: IntraCare North Hospital
1120 Cypress Station Drive
281.893.7200
Presentation: *Ethics and Best Practices*
Presenter: Janet Poe, LPC-S
Time: 8:30 – 11:30 am

Date: Friday, May 5, 2017
Location: IntraCare North Hospital
1120 Cypress Station Drive
281.893.7200
Presentation: *Ethics and Best Practices*
Presenter: Janet Poe, LPC-S
Time: 8:30 – 11:30 am

PLEASE COMPLETE THIS FORM AND FAX OR EMAIL IT TO:

Cheryl Moerbe
1120 Cypress Station Drive
Houston TX 77090

Fax: 281.583.0137

Email: ceuinfo@intracare.org

*You **MUST** 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.*

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