



# Registration Form

## *Anti-Psychotic Medication*

### Lunch & Learn

**January 13, 2012 11:30 a.m. – 1:00 p.m.**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Profession:** \_\_\_\_\_ **License No.:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Please fax your registration to: 702.947.7740 before **January 10th 2012.**

**CEU/CE CREDIT:**

This program will be submitted to the State of Nevada Board of Examiners for **Marriage & Family Therapists**, Nevada State Board of **Nursing**, Nevada State Board of **Psychological Examiners**, State of Nevada Board of Examiners for **Alcohol, Gambling, And Drug Counselors**, State of Nevada Board of Examiners for **Social Workers** for continuing education credit, and **P.O.S.T.** Certification for Law Enforcement Officers.