



California Problem Gambling Treatment Services Program Training Registration



This form is to reserve space for a training session. Please mail this form directly to Office of Problem Gambling, 1700 K Street, Sacramento, CA 95811. Once each provider application has been reviewed by UCLA, participants will receive a confirmation letter. To expedite fax to OPG - -%!' &(!() \$ in advance.

CONTACT INFORMATION

Provider Name: _____

Employment Address: _____

City, State, Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Languages Spoken: _____

TRAINING INFORMATION

I wish to register for the following training session, please Check one:

GuB: fUbVjgWt. Bcj Ya VYf % !&/% &\$\$-

Sacramento: December 16-19, 2009

San Diego: January 20-23, 2010

I have mailed my application and supporting documents to UCLA Gambling Studies Program.

Signature _____ Date _____