



California Problem Gambling Treatment Services Program Training Registration



This form is to reserve space for a training session. Please mail this form directly to UCLA Gambling Studies Program, 760 Westwood Plaza Suite 38-262, Los Angeles, CA 90095. To expedite, fax to UCLA Gambling Studies Program at 310-825-0301.

CONTACT INFORMATION

Provider Name: _____

Employment Address: _____

City, State, Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Languages Spoken: _____

Will you need a disability-related reasonable accommodation/alternative format for this training?

Please describe _____

TRAINING INFORMATION

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

San Francisco: September 28-30, 2011

Orange County: October 19-21, 2011

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

Signature _____ Date _____