

REGISTRATION FOR ETHICS TRAINING  
1/6/12 and 5/4/12  
IntraCare North Hospital

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NAME

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EMAIL (REQUIRED)

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ADDRESS CITY STATE ZIP

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PHONE

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FAX

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ORGANIZATION / AGENCY

LICENSURE:  LCSW  LPC  LMFT  LCDC  OTHER: \_\_\_\_\_

**PLEASE INDICATE WHICH TRAINING YOU PLAN TO ATTEND BELOW:**

*Date:* Friday, January 6, 2012  
*Location:* IntraCare North Hospital

**Registration Closed**

*Date:* Friday, May 4, 2012  
*Location:* IntraCare North Hospital  
1120 Cypress Station Drive, Houston, Texas 77090  
281. 893. 7200  
*Presentation:* Ethics And Best Practices  
*Presenter:* Janet Poe, LPC

**SEATING IS LIMITED TO 45 AT INTRACARE MEDICAL CENTER 5/16/12**

PLEASE COMPLETE THIS FORM AND FAX OR MAIL IT TO:

Cheryl Moerbe  
1120 Cypress Station Drive  
Houston Texas 77090  
Fax: 281. 583. 0137

You **MUST** pre-register to attend one of these trainings. Receipt of your registration form will be confirmed via email. Should you find you are unable to attend after registering, please email [cmoerbe@intracare.org](mailto:cmoerbe@intracare.org) or call 832. 249. 3514 to cancel your registration.

[www.intracare.org](http://www.intracare.org)