

Send to:
ATTN: FISCAL
Behavioral Health Administration
Voc Rehab Bldg
55 Wade Avenue, Catonsville, MD 21228

FOR OWDT USE ONLY

SPRING 2016 COMMUTER APPLICATION

Name: _____ Social Security: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ e-mail: _____

Employer: _____

Employer Phone: _____ Fax: _____

Course Selection: Please check box(s) of all courses for which you are submitting payment.

<p>3 Day Course (\$160) <input type="checkbox"/> The Family in Recovery MARCH 29, 30 & 31</p>	<p>3 Day Course (\$160) <input type="checkbox"/> Introduction to Addictions APRIL 13, 14 & 15 Closed</p>
<p>3 Day Course (\$160) <input type="checkbox"/> Issues & Ethics for the Helping Professional MAY 18, 19 & 20 Closed</p>	<p>3 Day Course (\$160) <input type="checkbox"/> Treatment Planning JUNE 29, 30 & July 1</p>

Total Amount Enclosed: \$ _____

ONLY CHECK, MONEY ORDER, AND R*STARS TRANSFER ACCEPTED
This application **will not** be accepted without payment. Make checks and money orders payable to
BEHAVIORAL HEALTH ADMINISTRATION. DO NOT SEND CASH.
Purchase orders are accepted from federal agencies only.

Agency: **MOO**
PCA: **M160S**
Revenue Object: **6657**
R*STARS Transaction Code: **410**
Index Code: **10900**

When processing the R*STARS transaction, indicate the student's name and course name in the description field.
Important: Show payment by supplying the transaction Cur Doc Number below, and fax to the Fiscal Department in order to complete the registration.

R*STARS Transfer for Maryland State Agency Use Only: CUR DOC # _____

FISCAL OFFICER _____ PHONE _____

FAX R*STARS TRANSACTIONS TO: 410-402-8604