

Send to **ATTN: FISCAL**
c/o Office of Workforce Development & Training
Behavioral Health Administration, Voc Rehab Building
55 Wade Avenue, Catonsville, MD 21228
Office: [410-402-8585](tel:410-402-8585)

FOR OWDT USE ONLY

FALL 2014 COMMUTER APPLICATION

Please print all information clearly:

Name: _____ Social Security: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ e-mail: _____

Employer: _____ County: _____

Employer Phone: _____ Fax: _____

COURSE SELECTION: *Please check box(s) of all courses for which you are submitting payment.*

2 Day Course (\$120)	3 Day Course (\$160)	3 Day Course (\$160)
<input type="checkbox"/> TBI and Trauma October 23 & 24	<input type="checkbox"/> Building Effective Teams September 23, 24 & 25	<input type="checkbox"/> How to Mobilize Communities December 15, 16 & 17
<input type="checkbox"/> The Family in Recovery December 5 & 12	<input type="checkbox"/> Treatment Planning November 18, 19 & 20	

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: FISCAL 410-402-8607