



UPDATED - REGISTRATION FORM

2014 Regional Forums

TOPICS TO INCLUDE:

**Uninsured Eligibility, Provider Connect,
Implementation for Substance Use Disorder,
Outcomes Measurement System (OMS)**

**Please check one location that you plan to attend. Complete the form and fax
back to ValueOptions at 410-691-4001**

- Wednesday, November 12, 2014**
(Registration: 8:00-8:30am)
 - 8:30am-12:00pm - *Eligibility/Uninsured**
***Provider Connect**
***Substance Use Disorder**
***Outcomes Measurement System (OMS)**

UMBC Research and Technology
5520 Research Park Drive
Catonsville, MD 21228

SESSION CLOSED

- Wednesday, November 12, 2014**
(Registration: 1:00pm)
 - 1:00pm—3:30pm - *Eligibility/Uninsured**
***Provider Connect**
***Substance Use Disorder**
***Outcomes Measurement System (OMS)**

UMBC Research and Technology
5520 Research Park Drive
Catonsville, MD 21228

SESSION CLOSED



- ☐ **Thursday, November 13, 2014**
(Registration: 1:30-2:00pm)
 - ☐ **2:00pm-4:30pm - *Eligibility/Uninsured**
***Provider Connect**
***Substance Use Disorder**
***Outcomes Measurement System (OMS)**

Frederick County Workforce
5340 Spectrum Drive, Suite A
Frederick, MD 21703

- ☐ **Tuesday, November 18, 2014**
(Registration: 1:00-1:30pm)
 - ☐ **1:30pm-4:30pm - *Eligibility/Uninsured**
***Provider Connect**
***Substance Use Disorder**
***Outcomes Measurement System (OMS)**

Chamber of Commerce
144 E. Main Street
Salisbury, MD 21803

- ☐ **Thursday, November 20, 2014**
(Registration: 8:30-9:00am)
 - ☐ **9:00am-11:30pm - *Eligibility/Uninsured**
***Provider Connect**
***Substance Use Disorder**
***Outcomes Measurement System (OMS)**

Arnold One-Stop Career Center
1460 Ritchie Highway, Suite #109
Arnold, MD 21012

- ☐ **Monday, November 24, 2014** **JUST ADDED**
(Registration: 8:00-8:30am)
 - ☐ **8:30am-12:00pm - *Eligibility/Uninsured**
***Provider Connect**
***Substance Use Disorder**
***Outcomes Measurement System (OMS)**

BWTECH@UMBC - SOUTH
1450 South Rolling Road
Baltimore, MD 21227

Please note different address

PLEASE PRINT CLEARLY.

Name: _____

Organization: _____

Phone Number (*in case of weather emergency*): _____

Email Address: _____