

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND ADDICTIVE DISEASES**

**REQUEST FOR APPROVAL FOR REGISTRATION TO ATTEND
CLASSES, CONFERENCES & SEMINARS**

TO: X	FROM: X
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NAME OF CLASS, CONFERENCE, SEMINAR	X
NAME OF CONFERENCE SPONSOR	X

DATE(S) TO ATTEND CLASS, CONFERENCE, SEMINAR	X		
AMT PER EACH REGISTRATION	X	TOTAL PMT AMT	X

PERSON(S) TO ATTEND	ORGANIZATION CODE / PROGRAM / PROJECT
X	X

ATT: MANAGEMENT TEAM MEMBER: ALL REGISTRATIONS ARE CHARGED TO ACCT. 627003

MANAGEMENT TEAM APPROVAL	X
DIVISION DIRECTOR APPROVAL	X

**NOTE: ALL REGISTRATIONS WHICH INCLUDE INTERSTATE TRAVEL REQUIRE
DIVISION DIRECTOR APPROVAL, AND A COPY OF THE APPROVED INTERSTATE
TRAVEL REQUEST.**

**RETURN THIS FORM WITH THE
COMPLETED REGISTRATION FORM TO:**

CHERRI WALKER

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
MH/DD/AD ADMINSTRATIVE SERVICES SUPPORT SECTION
2 PEACHTREE STREET ROOM 22-285
ATLANTA, GEORGIA 30303-3142
PHONE 404-657-2337**

INFORMATION BELOW FOR USE BY MHDDAD APS UNIT ONLY

AMOUNT	
INVOICE NUMBER	
INVOICE DATE	
VENDOR NUMBER / LOCATION	
PAY DATE	
ACCOUNT NUMBER	
ORGANIZATION CODE	
PROGRAM	
PROJECT	

