

# Registration Form

## Oregon Society of Physician Assistants Fall Conference October 12 – 15, 2017 Salishan Resort, Gleneden Beach, Oregon “SEA-M-E at the Beach!”

**Registration Contact Information** *Please neatly fill in the form completely*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Institution/Practice \_\_\_\_\_

Designation \_\_\_\_\_ NCCPA Number \_\_\_\_\_

Specialty \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ OSPA Member:  Yes  No OSPA Member Number \_\_\_\_\_

Special Meal Request:  Veget.  Vegan  Other \_\_\_\_\_ Today's Date \_\_\_\_\_

|  | Early<br>Registration<br>By 10/1 | Regular<br>Registration<br>After 10/1 | Are You Attending?<br>(Please Note<br>Quantity) | Applicable<br>Fees |
|--|----------------------------------|---------------------------------------|---|--------------------|
| Full Conference—OSPA Members<br><i>Includes ALL Thursday to Sunday Activities (Except Workshops)</i>     | \$425                            | \$475                                 | <input type="checkbox"/> Yes                    |                    |
| Full Conference—Non-OSPA Members<br><i>Includes ALL Thursday to Sunday Activities (Except Workshops)</i> | \$495                            | \$545                                 | <input type="checkbox"/> Yes                    |                    |
| <b>Workshops— Additional Fee</b>   |                                  |                                       |   |                    |
| Thursday Workshop: <i>TBD</i>  | \$60                             | \$60                                  | <input type="checkbox"/> Yes                    |                    |
| Friday Workshop: Dermatology Biopsy Workshop   | \$60                             | \$60                                  | <input type="checkbox"/> Yes                    |                    |
| OSPafest Party (Registrant)  | \$0                              | \$0                                   | <input type="checkbox"/> Yes                    |                    |
| OSPafest Party (Guests) (Ages 16+ = \$40 each)   | \$40                             | \$40                                  | <input type="checkbox"/> Yes                    |                    |
| OSPafest Party (Guests) (Ages 6-15 = \$20 each)  | \$20                             | \$20                                  | <input type="checkbox"/> Yes                    |                    |
| OSPafest Party (Guests) (Ages 0-5 = Free)  | \$0                              | \$0                                   | <input type="checkbox"/> Yes                    |                    |
|  |                                  |                                       | Total   |                    |

Payment by  VISA  MasterCard  Check Amount \$ \_\_\_\_\_

Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code of Card \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Cancellations before October 1, 2017 will receive refunds less a \$50 handling fee. Cancellations after October 1, 2017 are nonrefundable, but may be transferred to another person.

Return this form to: Oregon Society of Physician Assistants, PO Box 55214, Portland, OR 97238 or FAX to 360-256-5597

Questions? 503-650-5864 or Alan Morasch, CAE at alan@oregonpa.org. Payment by Check: Make check payable to OSPA

**Registration is also available online at [www.oregonpa.org](http://www.oregonpa.org)**