



# OASCA CCO Seminar

## Registration Fees

- \$ 175.00 OASCA Member
- \$ 125.00 Additional OASCA Member
- \$ 275.00 Non-Member
- \$ 225.00 Additional Non-Member

Registration Forms: [www.oregonasc.com](http://www.oregonasc.com)

## Wednesday, March 21, 2012

SCHWABE, WILLIAMSON & WYATT  
 1211 SW 5th Ave., Ste. 1900  
 Portland, OR 97204

### 1st Attendee Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 RN# \_\_\_\_\_ (for CEU Credits)  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 2nd Attendee Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 RN# \_\_\_\_\_ (for CEU Credits)  
 Company: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### 3rd Attendee Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 RN# \_\_\_\_\_ (for CEU Credits)  
 Company: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### More Attendees? Add additional Page



Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_  
 Name: (as it appears on the credit card) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_

### Payment Options

Fax of Scan Registration Form with Credit Card Payment to:  
**Fax- 206-824-4237**  
**Electronic Copy - [pattimcminn@comcast.net](mailto:pattimcminn@comcast.net)**

Mail Registration form and check to:  
**OASCA**  
**17837 1st Avenue South, PMB #297**  
**Normandy Park, WA 98148**

**Questions? Contact Patti McMinn at**  
**206-992-3330 or e-mail: [pattimcminn@comcast.net](mailto:pattimcminn@comcast.net)**

*Administrative Use Only*

Date \_\_\_\_\_ Fee \$ \_\_\_\_\_  
 Check # \_\_\_\_\_ Approval # \_\_\_\_\_