

2018 OAOS Annual Orthopaedic Conference

Nov 2-3, 2018 | The Nines Hotel | Portland, OR

REGISTRATION FORM

Clinic/Practice Affiliation _____

Address _____

City/State/Zip _____ Phone _____

Name _____ Email _____ MD PA

Name _____ Email _____ MD PA

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Name _____ Email _____ MD PA

QTY	REGISTRATION TYPE	TOTAL
___	OAOS Member: \$395 Early Bird	_____
___	OAOS Member: \$445 After 10/15/18	_____
___	OAOS Retired Member: \$200 Early Bird	_____
___	Non-Member: \$595	_____
___	PA/NP: \$200 Early Bird	_____
___	PA/NP: \$250 After 10/15/18	_____
___	Resident: \$0	_____
	TOTAL AMOUNT DUE	_____

3 WAYS TO REGISTER:

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www.OregonOrthopaedicSurgeons.com

Fax

Complete this form with credit card information and fax to 503-210-1533

Mail

Mail this form with check or credit card info to OAOS at the address below

CREDIT CARD INFORMATION

Name on Card _____

Card Number _____ Zip Code _____

Expiration Date _____ CVV Code _____

Email _____ Signature _____

Oregon Association of Orthopaedic Surgeons

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staff@oregonorthopaedicsurgeons.com

CANCELLATION POLICY: \$50 administrative service charge for cancellations.