Oregon Academy of Ophthalmology

2017 POST GRADUATE CONVENTION

REGISTRATION FORM

March 10-11, 2017

World Forestry Center
4033 Canyon Road
Portland, Oregon

Name _____ Suffix_____

Clinic _____

Address _____

City_____ State _____ Zip _____

Phone _____ Email Address _____

Required for confirmation of registration.

*Registration Fees:

☐ OAO Member Fee: $435

☐ OAO Non-Member Fee: $605

☐ OAO Retired Member Fee: $85

☐ No Fee for Residents/Fellows

REGISTRATION OPTIONS

Online: Sign onto our website at www.oregoneyephysicians.org. Click on "For Ophthalmologists" > "Educational Opportunities" > "Post Graduate Convention"

Fax: Completed registration form may be faxed to (503) 243-6755.

Mail: Send registration form with check or credit card info to: OAO, 833 SW 11th Ave., #315, Portland, OR 97205

*Registration fees ***include parking passes***, which will be mailed to you at a later date. You will receive an email when passes are mailed so you will know when to expect them. Please indicate below where you would like to have your parking passes mailed.

Name: _____

Address: _____

City, State, Zip Code: _____

CREDIT CARD INFORMATION ☐ VISA ☐ MC ☐ American Express

Card Number _____ Expiration Date _____

Cardholder Name _____

Billing Address _____
(Please include zip code)

signature _____

CANCELLATION POLICY: $75 administrative fee for cancellations.