

OAA'S ANNUAL MEMBERSHIP MEETING & CONFERENCE
"TECHNIQUES-TO-GO"

APRIL 12-13, 2008 (8:00am registration)
8 hours of continuing education (5 hours on pain management)

Location: Red Lion on the River, Portland

Name (please print) _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____

Do you check your email often and is it a reliable way to contact you? _____

I can volunteer to help ___ Sat. ___ Sun. ___ Before the conference ___ After the conference

Register by April 9 (\$20 Late Fee) (Register by April 9 & guarantee your lunch)

8 hours of continuing education presentations.

Learn clinical information that you take back to your clinic on Monday. See old colleagues. Visit with vendors.

Attend the Membership Meeting Sat., April 12, at 9:15.

See the Conference info sheet & page one of the flyer. See how you can help restructure OAA for your future.

Note: Due to the recent and sudden changes in the OAA, we are offering one price for all. If members decide on April 12 to sustain the organization, then dues will be billed when the full office operations resume.

OAA Members & Non-Members

_____ **\$150 Both April 12 & 13**

_____ \$80 April 12 only

_____ \$80 April 13 only

_____ \$20 add in if *not* received by Wed., April 9

_____ **Total Amount**

Student* Associate Members

_____ **\$65 Both April 12 & 13**

Student* non-members

_____ \$110** Both April 12 & 13

_____ \$20 add if *not* received by Wed/Apr. 9

_____ **Total Amount**

*OCOM students earn 4 general outreach credits per day. See www.communityoutreach@ocom.edu.

**This includes OAA Associate Membership for the duration of your years in acupuncture college.

PAYMENT

- Mail this form with a check or credit card number to the address above, or
- Fax this form w/your credit card info to 503-760-3781.

Authorization for Credit Card Payment (authorization expires May 30, 2008)

I authorize the payment of \$_____ on my: ___Master Card ___Visa

Account Number _____ Expiration Date _____

Signature Authorizing Payment _____ Date _____