



**Salem Convention Center | 200 Commercial St SE, Salem, OR 97301**

ASC/Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E: 1. \_\_\_\_\_ RN #: \_\_\_\_\_

A: Email: \_\_\_\_\_

X: 2. \_\_\_\_\_ RN #: \_\_\_\_\_

Q: Email: \_\_\_\_\_

3. \_\_\_\_\_ RN #: \_\_\_\_\_

Email: \_\_\_\_\_

Admin Use: Fee \$: \_\_\_\_\_ Check #: \_\_\_\_\_

**OASCA MEMBER**

\$125.00 / First Attendee

\$75.00 / Each Additional Attendee

**NON-MEMBERS**

\$200.00 / Attendee

**Credit Card Payment Information**



Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
*(If different from above)*

Signature: \_\_\_\_\_

**Total to be Charged:** \_\_\_\_\_

Fax this form with credit card payment to **503.208.7181** If mailing w/check, please make payable to **OASCA** and mail to: OASCA | 226 N Pearl St, Denver, CO 80203

P: (541) 224 - 6886 F: (503) 208 - 7181 E: oasca.staff@ascoregon.org W: www.ascoregon.org