OREGON AMBULATORY SURGERY CENTER ASSOCIATION
Our Patients Come First

2019 Summer Sizzle: Infection Prevention
Wednesday, July 17, 2019 9:00am - 3:30pm
3333 Riverbend Dr., Springfield, OR 97477

PEACEHEALTH SACRED HEART MEDICAL CENTER AT RIVERBEND | SPRINGFIELD, OR

ASC/Company:____________________

Address:____________________ Phone: ____________

City, State, Zip:____________________

1.____________________ RN #:____________

Email:____________________

2.____________________ RN #:____________

Email:____________________

3.____________________ RN #:____________

Email:____________________

Admin Use: Fee $:______ Check #:______ Q:__ X:__ A:__ E:__

OASCA MEMBER	**NON-MEMBERS**
$125.00 / First Attendee $75.00 / Each Additional Attendee	$200.00 / Attendee

Credit Card Payment Information *Please Check:*

Credit Card #:____________________ Expiration:__________ CVV:________

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