

Register Online



Learn more at www.oacfa.com

2018 OACFA SAFETY SEMINAR REGISTRATION

Date _____

Company _____

Mail Address (Check-in cards for all attendees in a group will be mailed to this address.) _____

City, State, Zip _____

Phone _____

E-mail _____

Attendees:

(If attending different seminar sites, please indicate date following each name)

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Select date and location.

- Nov. 6 Pendleton – Red Lion Hotel
- Nov. 7 Springfield – Holiday Inn Exit 195-A
- Nov. 8 Wilsonville – Holiday Inn Exit 286

Seminar fee is \$130⁰⁰ per person.

Includes program, lunch and coffee break refreshments.

! Late registrations after Oct. 25: \$155⁰⁰ per person

\$130⁰⁰ x # _____ of attendees = \$ _____

_____ Total Due: \$ _____

Make check payable to OACFA and mail to:

1270 Chemeketa Street NE
Salem, Oregon 97301

Contact OACFA at 503-370-7024 or info@oacfa.com for more info. Substitutions are accepted, with advance notification to the OACFA office. Cancellations will be refunded, provided the office receives notice 7 days in advance of the seminar date.

www.oacfa.com will accept credit card payments or Fax this form directly to OACFA at 503-585-1921.

- Visa
- MasterCard
- Discover
- American Express

_____ | _____ | _____ | _____
Card Number

Exp. Date (MM/YY) _____

CVV Security code
from back of card _____

Zip Code for address
where Credit Card bill
is received: (required) _____

_____ E-mail Address to return Bank Card Receipt

_____ Cardholder signature

_____ Name and phone number to call regarding card processing issues