



# 2017 OACFA SAFETY SEMINAR REGISTRATION

Register Online by Oct. 27, 2017 • [www.oacfa.com](http://www.oacfa.com)

Date \_\_\_\_\_

Attendee \_\_\_\_\_

Company \_\_\_\_\_

For multiple attendees – If attending different seminar sites, please indicate date following each name.

### Mailing Address

Check-in cards for all attendees in a group will be mailed to this address:

- > \_\_\_\_\_
- > \_\_\_\_\_
- > \_\_\_\_\_
- > \_\_\_\_\_
- > \_\_\_\_\_
- > \_\_\_\_\_
- > \_\_\_\_\_
- > \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Check Location:

- Nov. 7 PENDLETON Red Lion Hotel
- Nov. 8 SPRINGFIELD Holiday Inn Exit 195-A
- Nov. 9 WILSONVILLE Holiday Inn Exit 286

**www.oacfa.com will accept credit card payments or FAX this form directly to OACFA: 503-585-1921**

- VISA
- MASTERCARD
- DISCOVER
- AM-EXP

Seminar fee is **\$125 per person**. Includes program, lunch and coffee break refreshments.

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Registrations AFTER Oct. 27 = \$150 per person

Exp. Date \_\_\_\_\_ MM/YY

\$125 x # \_\_\_\_\_ of attendees = \$ \_\_\_\_\_

CVV Security code from back of credit card \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

### Zip Code for address where Credit Card bill is received:

### Make check payable to OACFA and mail to:

1270 Chemeketa Street NE  
Salem, OR 97301

Questions: 503-370-7024 • [info@oacfa.com](mailto:info@oacfa.com)

\_\_\_\_\_ **\*\*Required**

Substitutions are accepted, with advance notification to the OACFA office.

### E-mail Address to return Bank Card Receipt

Cancellations will be refunded, provided the office receives notice at least 5 full days in advance of the seminar date.

\_\_\_\_\_  
Cardholder signature

Phone number of person to call if there are any problems processing the bankcard.  
\_\_\_\_\_