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PPSIG FALL CONFERENCE: SATURDAY, OCT. 11, 2008 REGISTRATION FORM

REGISTRATION DEADLINE: WEDNESDAY, OCTOBER 8, 2008

Name & Professional Designation:	
Name & Professional Designation:	
Clinic/Work Facility:	
Work Phone:	Fax:
E-Mail:	

Registration Fees	Number of Attendees	Total
PPSIG Member	@ \$200.00 each	\$
Additional PPSIG Member(s) (from same practice)	@ \$175.00 each	\$
Administrator(s) for PPSIG Member	@ \$175.00 each	\$
Non-PPSIG Member(s)	@ \$225.00 each	\$
Payable to PPSIG	Total Fee Enclosed	\$

Lunch is included in registration fee. Number of vegetarian meals _____

PLEASE MAIL THIS FORM WITH PAYMENT ENCLOSED TO:

PPSIG, c/o DIANA E. GODWIN, Exec. Director
1500 NE Irving, Suite 370
Portland, OR 97232
Phone: (503) 224-0019
Fax: (503) 229-0614
dianagodwin@earthlink.net

BONUS OFFER: If you enclose a copy of your completed (and paid) Conference Registration Form for the PTWA Fall Conference and Chapter Meeting (October 24-25, 2008) you can deduct \$25.00 from your registration fee to attend this PPSIG conference. We want to encourage all our members to attend both meetings.

MAKE A COPY FOR YOUR RECORDS