

Please type or print legibly. Registration will not be complete unless payment is included with registration form.

Name: _____ Title: _____
 District/Company: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

**An email address is required for registration*

Dates/Locations	Fee
<input type="checkbox"/> Sept 12 - Ontario <i>Four Rivers Cultural Center</i>	\$75.00
<input type="checkbox"/> Sept 13 - Boardman <i>Port of Morrow</i>	\$75.00
<input type="checkbox"/> Sept 18 - Gold Beach <i>Event Center on the Beach</i>	\$75.00
<input type="checkbox"/> Sept 20 - Klamath Falls <i>Shilo Inn Klamath Falls</i>	\$75.00
<input type="checkbox"/> Sept 26 - Astoria <i>Holiday Inn & Suites Astoria</i>	\$75.00
<input type="checkbox"/> Sept 27 - Salem <i>Chemeketa Eola</i>	\$75.00

Please indicate any special dietary needs: _____

Payment

Check | Make checks payable to SDAO Total Enclosed \$ _____

Mail:
 SDAO
 PO Box 12613
 Salem OR 97309-0613

Questions?
 Call us at 800-285-5461 or
 Email us at memberservices@sdao.com