

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 17 - Baker City <i>Geiser Grandr</i>	\$75.00
<input type="checkbox"/> Sept 18 - The Dalles <i>Fairfield Inn</i>	\$75.00
<input type="checkbox"/> Sept 24 - Bend <i>Oxford Hotel</i>	\$75.00
<input type="checkbox"/> Sept 25 - Roseburg <i>Holiday Inn</i>	\$75.00
<input type="checkbox"/> Sept 26 - Florence <i>Driftwood Shores</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