



Fall Workshop

September 28, 2019

Only one registrant per form. Copy this form for additional registrants.

Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____ Designations: _____

Badge First Name (if different): _____

*APTA Membership Number: _____ Oregon License Number: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Liability Waiver: By registering for this workshop, you waive all liability to OPTA for any injury that may occur.

Registration Fees – Please Check One:

- OPTA/APTA Member* \$70
- OPTA Service Member** \$50 **I serve on the following OPTA board position or committee: _____
- OPTA/APTA Student Member \$35 _____
- PT or PTA Non-Member \$90

*Member category eligibility includes any APTA member whether in Oregon or any other state. (APTA member number is required.)

Special Needs:

If you have any special requirements (i.e., vegetarian diet, food allergies, handicap access, etc.) that would necessitate advance planning on our part, please let us know here: _____

PAYMENT OPTIONS (US FUNDS): Check, Payable to OPTA Visa/MasterCard American Express Discover

Card # _____ Exp. Date _____ Amount Authorized \$ _____

Name on Card _____ CVV: _____

Signature _____

Card Billing Address (required) _____ City _____ State _____ Zip _____

Phone # _____

Payment Policy:

We can only accept registrations in the following ways: online at www.opta.org, via fax at 503.253.9172 or mailed to OPTA (see below for address). **We cannot accept emailed or phone in registrations.**

Confirmation:

Email confirmation will be sent for this event.

Cancellation Policy:

Cancellations received prior to September 20, 2019 will receive a full refund minus a \$10 administration fee. Cancellations received after September 20, 2019 will receive a 50% refund of their total fees. No-shows and same-day cancellations will not receive a refund.

Registrant agrees to grant OPTA and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by OPTA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.

Send to OPTA via fax at 503.253.9172 or mail to 147 SE 102nd Avenue, Portland, OR 97216
Questions? Call 503.262.9247 or toll free at 1.877.452.4919