OREGON HEALTH SCIENCES LIBRARIES ASSOCIATION

Annual Meeting Registration Form

Thursday and Friday, July 10 & 11, 2014 Silver Falls Conference Center

Please return by July 3rd, 2014

Name:		Institutio	n:
		Email:	
		Phone:	
Please select Op	tion A, B or C - one option	n only!	
A: Business Meetir	ng only: Thursday, July 10th	, 4:00pm	
	\$20 (Includes dinner		\$ 0 (No dinner)
B: Continuing Edu	cation only: Friday, July 11t	h, 8:30 am—12:30	Opm (includes lunch & snacks)
"Rapid Training De	esign" by Jan Buhmann (4 N	MLA CE Credits)	
	\$ 60 (OHSLA Membe	ers)	\$ 85 (Non Members)
C: Both days: incli	udes CE class, room and me	eals	
OHSLA Members:	\$125 per person, double room		
	\$145 per person, single room		
Non-members:	\$150 per person, double room		
	\$170 per person, single room		
Special Diets:	Vegetarian	Food Alle	rgy to:
	Diabetic	Lactose Intolerant	
	No Red Meat	Other:	
Mail this registratio	n form with a check made o	out to OHSLA (to	be received by July 3rd, 2014) to:
Legacy Em Medical Lil 2801 N. Ga	ganski, OHSLA Treasurer nanuel Medical Center orary antenbein Ave. Oregon 97227		

Voice: (503) 413-2846 | Email: cgalgans@lhs.org