

Northwest Psychopharmacology Seminars Spring 2008 Registration Form

P.O. Box 80808 Portland, Oregon 97280-1808 Phone: 503-703-3744 Fax: 503-699-4185

Please print out this page and mail or fax it with your payment information.

1. Please complete your information:

Name (As you would like it to appear on your CE certificate): _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ Preferred method of communication: _____

2. Please check your professional affiliation for continuing education credit:

- Dentist Naturopathic Physician Nurse
 Pharmacist Psychologist Other, Please specify: _____

3. Choose the date and location you would like to attend:

Portland Adventist Hospital
10123 SE Market Street, Portland, Oregon 97216
Site Questions: 503-257-2500

Tuesday, April 8: Pharmacological Treatments for Chronic Pain

Best Western Mill Creek Inn
3125 Ryan Drive SE, Salem, Oregon 97301
Site Questions: 503-585-3332

Tuesday, April 22: Pharmacological Treatments for Chronic Pain

** Registration and
continental breakfast begin at 8:00 a.m.
* Seminar begins at 8:30 a.m.
* Lunch (on your own) from 12 - 1 p.m.
* Seminar ends at 4:00 p.m.*

4. Submit registration fees:

Registration Fees:

- \$125** per person
 \$110 per person, for groups of 3 or more
*mailed in the same envelope or otherwise
submitted at the same time.*

Mastercard/Visa Number: _____ Expiration Date: _____

Name (as it appears on the card) _____

*You may pay your registration fees using:
a check (made payable to: Northwest
Psychopharmacology Seminars), money order,
credit card (mastercard or visa) or with a P.O.*

*If fees will be paid with a purchase order, please attach
a copy of the order and fill in the number below.*

P.O. # _____