

Northwest Psychopharmacology Seminars April 2008 Registration Form

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

MEETING SITES

Portland Adventist Medical Center

10123 SE Market Street Portland, Oregon 97216
Site Questions: 503-257-2500
www.adventisthealthnw.com

Driving Directions: From I-205, take the Glisan/Stark exit (if traveling southbound) or the Stark/Washington exit (if traveling northbound). Follow the green "Mall 205" and blue "H" road signs directing you onto Washington and then right onto 99th. Stay on 99th past Mall 205 and follow the signs to the hospital.

Best Western Mill Creek Inn

3125 Ryan Drive SE Salem, Oregon 97301
Site Questions: 503-585-3332

Driving Directions: From Interstate 5, take exit 253 and turn west. Travel 1/4 mile to Hawthorne, and then turn right. Take the first left onto Ryan Drive. The Best Western Mill Creek Inn is located on the right side.

HOW TO REGISTER

Return your completed registration form to:

**Northwest Psychopharmacology Seminars
P.O. Box 80808
Portland, Oregon 97280-1808**

*You may also fax your registration form to:
503-699-4185*

A confirmation letter will be mailed for registrations received two weeks prior to the seminar.

Later registrations are accepted, but registrants may not receive a confirmation letter.

Walk-in registrations are accepted on a space available basis.

Questions?

**Becky Julien, Seminar Coordinator
503-703-3744**

Visit our website at: www.drjulien.com
for more information and/or to register on-line.

Refund Policy: All cancellations received two weeks prior to the seminar will receive a full refund. A fee of 25% may be retained for all cancellations thereafter. Please request refunds no later than 30 days after the class. All refunds will be promptly processed.

1. Please complete your information:

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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

2. Your professional affiliation for continuing education credit:

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

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

Portland Adventist Medical Center
Tuesday, April 8: Chronic Pain

Best Western Mill Creek Inn
Tuesday, April 22: Chronic Pain

4. Registration fees: You may pay your registration fees with a check (payable to Northwest Psychopharmacology Seminars), money order, credit card (mastercard or visa) or with a purchase order.

FEDERAL TAX ID NUMBER: 93-0794887

Register for One Day:

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

CREDIT CARD INFORMATION:

Mastercard/Visa Number: _____ Expiration Date: _____

Name (as it appears on the card) _____

PURCHASE ORDER INFORMATION: If fees will be paid with a purchase order, please attach a copy of the order (if one is used) and fill in the number below.

P.O. # _____