

# Northwest Psychopharmacology Seminars Spring 2011 Registration Form

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

## MEETING SITES:

### Friday, April 15, 2011: Seattle, Washington Marriott Courtyard

#### Downtown/Pioneer Square

612 2nd Avenue Seattle, Washington 98104

Site Questions: 206-625-1111

*Driving Directions:* Traveling on I-5 North: Take Dearborn St./James Street exit (164A) toward Madison Street; Take the James St. Exit and turn Left; Turn Right onto 4th Avenue; Turn Left onto Columbia Street; Turn Left onto 2nd Avenue - Hotel is on the left at the southeast corner of 2nd and Cherry. *Public transportation is recommended, parking is on your own.*

### Friday, April 29, 2011: Tigard, Oregon

#### The Grand Hotel at Bridgeport

7265 SW Hazel Fern Road Tigard, Oregon 97224

Site Questions: 503-968-5757 [www.grandhotelbridgeport.com](http://www.grandhotelbridgeport.com)

*Driving Directions: From the North:* I-5 south to exit 290. Turn right onto Lower Boones Ferry Road (which turns into Bridgeport Rd). Drive straight through intersection of Lower Boones Ferry Road and SW 72nd Avenue. Turn left. Drive short distance around curve until you see the hotel's entrance on the right.

*From the South:* I-5 north to exit 290. Turn left onto Lower Boones Ferry Road. Drive straight through intersection of Lower Boones Ferry Road (which turns into Bridgeport Rd.) and SW 72nd Avenue. Turn left. Drive short distance around curve until you see the hotel's entrance on the right. *There is complimentary parking, please use the parking garage.*

## HOW TO REGISTER:

There are four easy ways to register:

1. **On-line** visit our web-site at: [www.drjulien.com](http://www.drjulien.com) to register and/or for more information.
2. **Fax** your registration form to: **503-699-4185**.
3. **Mail** your registration form to:  
**Northwest Psychopharmacology Seminars**  
P.O. Box 80808, Portland, Oregon 97280-1808
4. **Phone:** Becky Julien, Seminar Coordinator  
503-703-3744 or e-mail: [becky@drjulien.com](mailto:becky@drjulien.com)

## ACCREDITATIONS:

**Attorneys:** 6.0 continuing legal education hours have been approved by the **Washington State Bar Association (# 276346)**. 6.5 (general) continuing legal education hours have been approved by the **Oregon State Bar Association (Program # 5552\*1)**.

**Paralegals:** 6.0 CLEs have been approved by the **Washington State Paralegal Association**, reference # 04152011-6.0-JS.

*If your board is not listed, please contact your accreditation board directly to determine how to receive continuing education credit.*

A confirmation letter will be sent for registrations received two weeks prior to the seminar. Walk-in registrations are accepted at no additional charge on a space available basis.

### 1. Please complete your information:

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

### 2. Your professional specialty for continuing education credit:

- Criminal Defense Attorney  
 Attorney  
 Paralegal  
 Other, please specify: \_\_\_\_\_

### 3. The location and date you will attend:

**Friday, April 15: Understanding Drugs of Abuse**  
Marriott Courtyard Downtown/Pioneer Square - Seattle, WA

**Friday, April 29: Understanding Drugs of Abuse**  
The Grand Hotel at Bridgeport - Tigard, OR

**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.

**4. Registration fees:** Fees may be paid with: a check (payable to Northwest Psychopharmacology Seminars); credit card (mastercard or visa); money order; or with a purchase order.

#### Registration fees:

- \$150 per person  
 \$125 per person for groups of 3 or more mailed in the same envelope or otherwise submitted at the same time.

#### CREDIT CARD INFORMATION\* (Visa or Mastercard Only):

Mastercard/Visa Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_ Billing Statement Zip Code \_\_\_\_\_

\* Please note: Northwest Psychopharmacology Seminars will appear on your credit card statement.

**PURCHASE ORDERS:** If using a purchase order, please include a copy of the order or applicable billing information.

**FEDERAL TAX ID NUMBER: 93-0794887**