

# PCCC COURSE REGISTRATION FORM

PRE-REGISTRATION DEADLINE - AUGUST 16, 1999

Name (print or type) \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name preference for name tag \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**COURSE FEES:** (*American dollars only, please*)

	Physicians	Nurses
<input type="checkbox"/> <b>Registration</b> (prior to August 16th)	\$300.00	\$200.00
<input type="checkbox"/> <b>Late Registration</b> (received after August 16th)	\$375.00	\$275.00
<input type="checkbox"/> <b>Grape Escape Winery Tour</b> at \$25.00 (per person) includes gourmet appetizers	\$ _____	\$ _____
<b>Total Fee:</b>	\$ _____	\$ _____

**METHOD OF PAYMENT:**

Check payable to **OHSU CME**

Credit Card

Visa

Mastercard

Credit Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

▼ **In order to ensure accommodations for all those interested in the following activities, please indicate if you plan to attend, and the number attending:**

**WEDNESDAY, September 22**

**FRIDAY, September 24**

**Opening Reception** (Portland Hilton)  
\_\_\_\_\_ # attending

**Grape Escape:** (A tour of Oregon Wineries)  
\_\_\_\_\_ # attending

**THURSDAY, September 23**

**SATURDAY, September 25**

**PCCC Banquet** (Portland Hilton)  
\_\_\_\_\_ # attending

**PICU Jeopardy Game** (Kennedy School at  
McMenamins Pub – pizza and refreshments provided)  
\_\_\_\_\_ # attending

**Mail or Fax Registration to:** Division of Continuing Medical Education, Mail Code L602  
Oregon Health Sciences University  
3181 SW Sam Jackson Park Road, Portland, OR 97201-3098  
Fax: (800) 452-1048

**For questions concerning course registration,  
please call the division of CME at (503) 494-8700**