

REGISTRATION FORM

(EARLY RATES—THROUGH 08/15/08)

OREGON COUNSELING ASSOCIATION 2008 FALL CONFERENCE **COUNSELING: OUR PASSION AND PROFESSION**

October 16th -18th, 2008, Hilton Hotel & Conference Center, Eugene, Oregon

NAME _____ (credentials) _____ PHONE _____

NAME AS IT IS TO BE SHOWN ON NAME BADGE: _____

ADDRESS _____

CITY, STATE, ZIP _____ E-MAIL _____

ORCA MEMBERSHIP CURRENT? Yes No
DIVISION MEMBERSHIP (check all that apply): OACES OCDA
PARTNER ASSOCIATION MEMBERSHIP: OMHCA OSCA WA COUNSELING ASSN.

Members of ORCA, Divisions, and Partners qualify for Member rates!

MEAL INFORMATION: Registration for each day includes breakfast and lunch that day. Registration for Full Conference and Full Conference + Pre-Conference Workshop includes ticket to banquet dinner on Friday.	Single Day: (Select One) <input type="checkbox"/> Thurs. Oct 16th <input type="checkbox"/> Fri. Oct. 17th* <input type="checkbox"/> Sat. Oct. 18th (Up to 6 CEUs)	Full Conference: Fri. Oct. 17th & Sat. Oct. 18th (Up to 13 CEUs)	Full Conference + Pre-Conference Workshop: Thurs. Oct. 16th - Sat. Oct. 18th (Up to 19 CEUs)
Member	<input type="checkbox"/> \$118.00	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$250.00
Non-Member	<input type="checkbox"/> \$152.00	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$321.00
Non-Member + 1-Year Membership	<input type="checkbox"/> \$169.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$357.00
Student/Retired Member**, ***	<input type="checkbox"/> \$84.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$179.00
Student/Retired Non-Member**, ***	<input type="checkbox"/> \$115.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$243.00
Student/Retired Non-Member + 1-Year Membership**, ***	<input type="checkbox"/> \$128.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$271.00

* **For those registering for Friday only:** please note that banquet dinner not included in single-day registration; ticket for banquet may be purchased separately below (includes 1 CEU)

****For those registering for Student rates:** please include proof of recent full-time registration.

*****For those registering for Retired rates:** please complete the following—I certify that I hold a master's degree or higher in counseling or a closely-related field, and that I am retired from the counseling profession _____
(Signature)

Number of ADDITIONAL Meal/Activity Tickets (for Non-registrants):

___ Thursday: ___ Continental Breakfast (\$15) ___ Lunch (\$20)
___ Friday: ___ Continental Breakfast (\$15) ___ Lunch (\$20) ___ Banquet Dinner (\$40)
___ Saturday: ___ Continental Breakfast (\$15) ___ Lunch (\$20)

Please note any dietary restrictions:

Registrant: _____
Non-Registrants: _____

TOTAL AMOUNT DUE: \$ _____

Payment:

Credit Card: ___ Mastercard ___ Visa Card #: _____
Exp. Date: _____ Authorized Amount: \$ _____
Authorizing Signature: _____ Date: _____

Check Enclosed (Make checks payable to: **Oregon Counseling Association**)

Mail to: Oregon Counseling Association, P.O. Box 523, Gresham, OR 97030

For membership application/information call (503) 722-7119 or go to www.or-counseling.org
REGISTRATION FEE INCLUDES: Access to trainings and CEUs, all meals as noted above.
Refund policy: \$25 processing fee. All refunds must be requested by 9/15/08.