

**OREGON ASSOCIATION OF ORTHOPAEDIC EXECUTIVES**  
**FALL CONFERENCE**  
**November 5-6, 2010**  
**REGISTRATION FORM**

Name \_\_\_\_\_

Clinic \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

**2010 Oregon OAOE Membership** ( per calendar year - \$150 per Admin/Manager; \$75 per Ancillary staff person)  
*You may include appropriate "membership fee" with conference registration if not previously sent.*

**Fall Conference Registration Fees:** (circle appropriate fee for each attendee)

\$150.00 OAOE Members, (**Paid 2010 OAOE Members**)

\$200.00 Administrators / Managers who are not OAOE Members (Number of Attendees: \_\_\_\_\_)

\$75.00 All Other Professional Staff (Number of attendees: \_\_\_\_\_ )

OAOE Members who participated in the Cost/Salary surveys will receive copies at No Charge; other OAOE Members \$100

Number of copies of the Cost/Salary surveys for all non-Members at \$200 each \_\_\_\_\_

Friday Evening: Rogue Brewery Dinner and Tour; Yes\_\_\_\_ No\_\_\_\_ Number of Attendees\_\_\_\_ (cost \$30 per person).  
(transportation provided) (please pay with registration)

**Please submit this registration form & fee to :**

Tona Springer – Secretary-Treasurer  
C/o Cascade Orthopedics & Sports Medicine Center, PC  
1715 E. 12<sup>th</sup> Street  
The Dalles, OR 97058

Questions: Please call 541-296-2294 or E-Mail tonas@cosmc.org

**MEETING LOCATION**

**Salishan Spa & Golf Resort    7760 Highway 101    North Gleneden Beach, OR 97388**  
**Reservations: 1-800-452-2300**

Room Block Reserved Under "OAO/OAOE"  
Attendee Group Room Rates are: Traditional - \$136, Deluxe - \$165, Premier - \$205

**REGISTRATION MUST BE RECEIVED BY October 25, 2010**

**Will you consider a Board position with OAOE?    \_\_\_ Yes    \_\_\_ No**

**Do you know an Administrator or Manager to nominate for an OAOE Board Position?**

**Name:** \_\_\_\_\_