

# Oregon Society of Medical Assistants 2019 Annual Conference



**“Create Your Own Path”**  
**April 11-13, 2019**  
**at the Oregon Garden Pavilion**

**AAMA Full Registration:** \$250.00

**Daily rate for Members:** \$100.00

**Student Rate:** Thurs & Sat per day: \$30 (includes lunch)

**Non-Member Full Registration:** \$350.00

**Daily rate for Non-Members:** \$ 200.00

**Friday Rate:** \$60.00 (includes Fun Night dinner)

- **Early Registration: Members: \$225.00 Non-Members: \$325.00 if paid by 03-15-2019**
- Registration Deadline is 3/15/19. Meals cannot be guaranteed after 4/1/19
- Registrations are transferable but not refundable for this Conference only!

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

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

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

Email: \_\_\_\_\_

AAMA Member: Yes No

AAMA Member Number Required: \_\_\_\_\_

Credential: \_\_\_\_\_

Oregon Garden Resort is offering an OSMA Special Nightly Rate of \$ 115.00 plus tax for 1-2 people, which includes a full breakfast buffet and entrance to the gardens. There is an additional fee of \$15.00 each for the 3<sup>rd</sup> and 4<sup>th</sup> person per room. **Room availability at the Moonstone Resort | 895 W Main St. Silverton OR 97381 | 503-874-2500 Ext 0. Please mention OSMA when making your reservations.**

**Reservations must be made by 3/10/2019 to guarantee room availability. After 03/10/2019, unreserved rooms will be released to general inventory. The group rate will still be honored, but room availability cannot be guaranteed.**

Lunch is provided with conference registration on Thursday, Friday & Saturday. Dinner is provided on Friday. **Please check the meals you will be attending so that we can plan for meals appropriately. Please note: Gluten free and vegetarian options are available at each meal. All attempts will be made to meet your dietary restrictions.**

Thursday Lunch \_\_\_\_\_ Friday Lunch \_\_\_\_\_ Friday Dinner \_\_\_\_\_ Saturday Lunch \_\_\_\_\_

\*\*\*\*Please indicate if you require **Gluten free** \_\_\_\_\_ or **Vegetarian** \_\_\_\_\_

Direct any questions to Christy Oldenstadt, CMA (AAMA) at [christyocma@outlook.com](mailto:christyocma@outlook.com) or call 503-475-4026.

**Please make checks payable to: RCCMA - send fees and completed registration form to:**

**Johnny Adamson, CMA-AC (AAMA) | PO Box 67277, Portland, OR 97268-026**

Or email to: [johnnyvee83@gmail.com](mailto:johnnyvee83@gmail.com)

**If paying by credit card, please provide information below:**

**Name on card (please print):** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Email Contact for Receipt:** \_\_\_\_\_