

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	Non-Member Full Registration: \$350.00
Daily rate for Members: \$100.00	Daily rate for Non-Members: \$ 200.00
Student Rate: Thurs & Sat per day: \$30 (includes lunch)	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 3rd and 4th 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 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

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:** _____