Oregon Society of Medical Assistants

Fall Quarterly – Saturday, October 18, 2025

REGISTRATION FORM

Full Name (First & Last): _____

Email: _____

AAMA Member No.: _____

Non-member (last 4 digits of ID):_____

Student No.: _____(please provide your student ID)

Cell Phone: _____

Mailing Address: _____

City, State, Zip: _____

REGISTRATION TYPE (Check One)

☐ **AAMA Member –** $35

☐ **Non-Member –** $45

☐ **Student –** $25

SUBMISSION INSTRUCTIONS

Please submit your completed registration form and payment **by October 13, 2025** to:

- **All registrations & online payments:**
  Kelly Charland, CMA (AAMA)
  Email: **kellycharland@rocketmail.com**

- **Other payments by mail:**
  Candy Miller, CMA (AAMA)
  90591 Monya Lane
  Eugene, OR 97402-9642

Note: Registrations received after this date may not be processed in a timely manner.

IMPORTANT INFORMATION

- **All registrations are non-refundable.** However, registration may be transferred to the **next quarterly event.**

- Registration fees include a small convenience fee for online payments (covers bank processing costs).

- **Payment Methods Accepted:** All major credit cards & PayPal.