

# REGISTRATION FORM

**DEMOGRAPHIC INFORMATION** Please print or type

Last Name	First Name	Degree/Title
Address		
City	State	Zip Code
Phone		Email
Special accommodations, if needed		

<b>Registration Fees</b> valid on or before October 1, 2009		
<input type="checkbox"/> OAPRS Member Physician	\$225	Registration fees include: Continuing education credit Registration and course materials Continental breakfast, refreshments and lunch
<input type="checkbox"/> SAGA Member Physician	\$225	
<input type="checkbox"/> Non-Member Physician	\$350	
<input type="checkbox"/> Resident/Military	\$50	
<input type="checkbox"/> CRNA	\$200	
<input type="checkbox"/> Nurse	\$100	
<input type="checkbox"/> LATE FEE (applicable after 10/1)	\$100	
<b>TOTAL REGISTRATION FEE</b>	\$	

**REGISTER ONLINE AT**  
**[www.oaprs.org](http://www.oaprs.org)**

**OAPRS/SAGA**  
**6TH ANNUAL**  
**PREASA MEETING**  
**OCTOBER 16, 2009**

**PAYMENT METHOD** Registrations without payment will not be processed

- Check**
                         
  **MasterCard**
                         
  **Visa**

Name, as it appears on card		
Address		
City	State	Zip Code
Card Number	CID number	Expiration Date
Signature		<b>Total Charged</b>

**Cancellation**  
 All cancellations must be in writing, via US mail, e-mail or fax. Tuition for cancellations postmarked or date stamped before October 1, 2009 will be refunded minus a \$50 processing fee. No refunds will be made after October 1, 2009.

**Return this portion of the form to:**  
 OAPRS • 20 N. Michigan, Suite 700 • Chicago, IL 60602  
 Phone: 312-263-7150 • Fax: 312-782-0553  
**REGISTER ONLINE AT [www.oaprs.org](http://www.oaprs.org)**