



# NACM Oregon

## EDUCATION REGISTRATION FORM

Class: \_\_\_\_\_ Date: \_\_\_\_\_

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

Company: \_\_\_\_\_ Member No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

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

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

### Payment Options

Please bill me later (NACM Oregon members Only)     Check Enclosed     Please charge my credit card (MC, Visa, Discover only)

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return this form and direct your questions to:**

**Elizabeth Heintz - [eheintz@nacmoregon.org](mailto:eheintz@nacmoregon.org)  
7931 NE Halsey, Suite 200  
Portland, OR 97213  
971.230.1120 p/971.230.1121 f**

**Please note:** Cancellations will be accepted for full refund no later than ten working days prior to event—substitute attendees accepted up to day of event.