



Primary Contact Name (Please Print): \_\_\_\_\_

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

**Complete  
registration form  
and  
fax to  
(503) 624-2903 or  
email to  
admin@ofda.org**

**2017 OFDA CONVENTION  
Registration Form**

	THURSDAY May 4	THURSDAY May 4	FRIDAY May 5	FRIDAY May 5	FRIDAY May 5	SATURDAY May 6	SATURDAY May 6	SATURDAY May 6	SATURDAY May 6	TOTAL DUE
<b>PRINT NAMES OF ALL ATTENDEES &amp; Indicate Attendance for Each Activity</b>	WINE TOUR 12:30 - 4 PM \$60 PER PERSON	WELCOME RECEPTION 6-9 PM	PAST PRES. BREAKFAST \$25/pp Open to Past Presidents of OFDA Only	BREAKFAST	LUNCHEON	BREAKFAST	LUNCHEON	MOTORCYCLE RIDE 3 PM	BANQUET \$60 PER PERSON	

**ADD REGISTRATION FEE \$350 (\$370 if received after April 15th)**

**Remember: The \$350 or \$370 registration fee covers 2 attendees only**



\$

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_  
*(MasterCard or VISA ONLY)*

3-Digit Number on BACK of Card: \_\_\_\_\_ BILLING Zip Code: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Print Name As It Appears on Card* *Cardholder's Signature*

**IF PAYING BY CHECK, MAKE PAYABLE TO: OFDA, 12725 SW 66TH AVENUE, SUITE 105, PORTLAND, OR 97223**

**PAYMENT IN ADVANCE  
IS GREATLY  
APPRECIATED**

Please note: All credit card payments are subject to a \$0.75 processing fee