



**OREGON CHIROPRACTIC ASSOCIATION**  
**10570 SE Washington St Suite 201**  
**Portland, OR 97216**  
**Tele: 503-256-1601 Fax: 503-256-1602**  
**Email: [chirooregon@hotmail.com](mailto:chirooregon@hotmail.com)**  
**Website: [Oregonchiroassoc.com](http://Oregonchiroassoc.com)**

**Oregon Chiropractic Association Presents**

**Office Systems & Teamwork for the Professional CA**  
**By: "LISA BILODEAU, CA and Consultant"**

**Saturday July 11, 2009 9am-4pm**  
**6 hours CE for CA's**

**Embassy Suites/Airport 7900 NE 82<sup>nd</sup> Ave. Portland, OR 97220**  
**For room reservations: 503-460-3000 OCA block= \$109 nt/dbl occup.**

**\*\*\*Please complete a separate form for each CA to attend\*\*\***

**CA NAME:** \_\_\_\_\_ **CA Certificate#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Is the DC you work for an OCA Member: Yes No (See discount below)**

**Name:** \_\_\_\_\_, DC

<b>The DC is an:</b>	<b>OCA Member</b>	<b>Non-Member</b>
<b>CA Class fee:</b>	<b>\$109.00</b>	<b>\$129.00</b>

**Payment: Check (enclosed) \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_**

**Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ "V" code: \_\_\_\_\_**

**Card Holder: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_**

**I authorize the "Oregon Chiropractic Association" (OCA) to charge my credit card for the fees indicated above:**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**{REMEMBER: Your CA certificate renewal is due at the OBCE by 7/31/09}**

**Make Checks Payable To: OCA**  
**Mail To: 10570 SE Washington St., Suite 201, Portland, OR 97216**  
**Or Fax Registration With CC # to: (503) 256-1602**