

# 2011 OSFMA CONFERENCE MEMBER REGISTRATION

## “25<sup>th</sup> Annual Conference”

### APRIL 13 ~ 15, 2011

Linn County Fair & Expo Center \* 3700 Knox Butte Rd \* Albany, OR 97322-6576

**Please print**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE:( ) \_\_\_\_\_ FAX:( ) \_\_\_\_\_ E-MAIL(required): \_\_\_\_\_

**2011—2012 Membership Dues Enclosed**

- New Member Application –\$35 \*\* **Please answer the questions at the bottom of this form.**
- Renewing Member - \$35 (member since \_\_\_\_\_)

**2011 Conference Registration Enclosed**

- Member Fee \$100. Fee includes meals, President’s reception, Casino Night.  
Fee does not include annual membership dues which are required to attend. \_\_\_\_\_

**2011 Conference Registration - Thursday Only Enclosed**

- Member Fee \$40. Fee includes workshops, luncheon, and vendor trade show.  
Fee does not include annual membership dues which are required to attend. \_\_\_\_\_

**Sign me up for:**

- Larry King Memorial Golf Classic, Wednesday, April 13<sup>th</sup> at 1:00 PM No Charge

**Plan on my attendance at the following meals:**

- Lunch Wednesday
- President’s Reception Wednesday
- Breakfast Thursday
- Lunch Thursday
- Vendor Hospitality Suites –  
Casino Games Thursday
- Breakfast Friday
- Lunch Friday

**TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_**  
**Payment enclosed includes annual membership dues and conference registration fees.**

**Make checks payable to OSFMA and remit to PO Box 1474, Scappoose, OR 97056-3106**

800.799.6159 \* osfma@osfma.org \* [www.osfma.org](http://www.osfma.org)

**\*CANCELTATION:** Full refund of exhibitor or conference attendee registration fees will be granted provided written notification of cancellation is received at the OSFMA office at least 30 days prior to the event.

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**\*\* New Members - Briefly answer the following questions:**

**1. List areas of responsibilities.**

\_\_\_\_\_

**2. Are you responsible for: (check all that apply)**

- budgeting
- evaluations
- operations
- supervision

**3. Check one box:**

- Classified
- Confidential Exempt
- Administrative

**4. Who referred you to OSFMA?** \_\_\_\_\_