



2010 OFDA-WSFDA JOINT CONVENTION
JUNE 16-19TH SEASIDE, OREGON

**2010
OFDA/WSFDA JOINT CONVENTION
OFDA Member Registration Form**

Primary Contact Name (Please Print): _____
 Firm Name or OFDA Affiliation: _____
 Address _____ City/State/Zip _____
 Phone # (____) _____ Fax # (____) _____

**Complete
registration form**

and fax it to:
253-588-7444

Or email it to:
jewell@wsfda.org

Please Note! Convention Registration Fees	RECEIVED Before April 30 \$325 per firm	RECEIVED After April 30 \$350 per firm
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	THURS June 17	FRI June 18	FRI June 18	FRI June 18	FRI June 18	SAT June 19	SAT June 19	SAT June 19	
PRINT NAMES OF ALL ATTENDEES & Indicate Attendance for Each Activity	WELCOME RECEPTION Shilo Oceanfront	PAST PRES. BREAKFAST Convention Center \$18/pp Open to Past Presidents Of OFDA Only	BREAKFAST Convention Center	LUNCHEON Convention Center	MOTORCYCLE RIDE No Charge	BREAKFAST Convention Center	LUNCHEON Convention Center	BANQUET DINNER Convention Center \$55/pp	\$ DUE Non Members Add \$100
Attendance is important for head count purposes!									
ADD REGISTRATION FEE \$325 ▪ \$350 if recv'd 4/30 or after									\$
Remember - More than two (2) Attendees incurs an additional \$125 per person cost!									➔

Credit Card #: _____ Exp.Date: ____ / ____ <i>(MasterCard or VISA ONLY)</i>
3-Digit Number on BACK of Card: ____ BILLING Zip Code: _____
Cardholder: _____ Signature: _____ <i>Print Name As It Appears on Card</i> <i>Cardholder's Signature</i>

**PAYMENT
IN ADVANCE IS
GREATLY
APPRECIATED**