

Registration form

Oregon and SW Washington Health Literacy Conference Making it Clear

Friday, March 9, 2012

Name _____

Credentials _____

Title _____

Organization/institution _____

Street address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Registration fees

Registration: before Jan. 15- **\$60** (**\$75** after)

Legacy Health employee fee waived with manager signature:

Manager signature: _____

Registration deadline: March 2

Registration fee non-refundable after March 2

Method of payment

Please pay by enclosing check, payable to Legacy Health,
or credit card.

Name on credit card _____

Card# _____

Exp. date _____

Amount paid _____

Please return this completed form to:

Legacy Health

Community Benefit

Attn: Kari Stanley

1919 N.W. Lovejoy St.

Portland, OR 97209

For registration questions, please contact: Diana Netter at **503-413-6177**
or **dnetter@lhs.org**