Registration form

Oregon and SW Washington Health Literacy Conference Toward a Culture of Clarity Friday, March 1, 2013

Name (print)			
Credentials	Title		
Organization/institution		·	
Street address			
City	State	Zip	
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Registration fees			
 Online registration applicant's email 	fee waived with manager appon: as generated in registration address on: manager's name and sign	on confirmation sent to	
Manager's signat	able		
	Feb. 25, fee non-refundable	after Feb. 25	
Method of payment Please pay by enclosing	check, payable to Legacy Hea	alth, or credit card.	
Name on credit card (prir	nt)		
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Please return this comp Legacy Health Communi 1120 N.W. 20th Ave., Su	ty Benefit Attn: Diana Netter		

Portland, OR 97209

For registration questions, please contact: Diana Netter at 503-413-6177 (phone), 503-413-6644 (fax) or dnetter@lhs.org.

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