



OSCVR OREGON SOCIETY of CARDIOVASCULAR & PULMONARY REHABILITATION ♥

OSCVR 2024 Annual Meeting Registration Form
November 2nd, Water's Edge, 551 Lone Pine Blvd., The Dalles, OR 97058

Please check the appropriate box:

AACVPR Affiliate Member -

\$50 to attend

Non-member (not an AACVPR Affiliate Member) -

\$110 Saturday

Student \$ 35.00

_____ **Total Amount Enclosed - Please make check out to "OSCVR". Thank you!**
Please send to:

**Quinn Griffis
2294 NW Paddington Drive
Albany OR, 97321**

Please print clearly and be sure to include your preferred e-mail address.
Only the work information listed below will be available in our membership directory.

Name and Credentials: _____

Hospital/Organization: _____

Work Address: _____
(Street Address) (City) (Zip Code)

Work Phone Number: _____ Work Fax Number: _____

Home Address: _____
(Street Address) (City) (Zip Code)

Home Phone Number: _____

Preferred Email address: _____