

OSRC Seminar Registration Form

Registration

Please detach this portion of the form and return it with full payment for registration. Checks should be made out to OSRC.

- | | | |
|--------------------------|---------------------------------------|-----------|
| <input type="checkbox"/> | AARC Member, 1 day | \$ 75.00 |
| <input type="checkbox"/> | AARC Member, 2 day | \$ 150.00 |
| <input type="checkbox"/> | Non-Member, 1 day | \$ 175.00 |
| <input type="checkbox"/> | Non-Member, 2 day | \$ 250.00 |
| <input type="checkbox"/> | Student, AARC Member, 1 day | \$ 50.00 |
| <input type="checkbox"/> | Student, AARC Member, 2 day | \$ 80.00 |
| <input type="checkbox"/> | Student, Non-Member, 1 day | \$ 95.00 |
| <input type="checkbox"/> | Student, Non-Member, 2 day | \$ 125.00 |
| <input type="checkbox"/> | Non-Member, joining AARC, 1 day | \$ 155.00 |
| <input type="checkbox"/> | Non-Member, joining AARC, 2 day | \$ 230.00 |
| <input type="checkbox"/> | Student, Non-member, joining, 1 day | \$ 100.00 |
| <input type="checkbox"/> | Student, Non-member, joining, 2 day | \$ 130.00 |
| <input type="checkbox"/> | Sputum Bowl Registration Fee per team | \$ 20.00 |

Mail registration before June 6, 2008 to avoid a \$10.00 late fee.

Mail registration and payment, by check, to:

Wendy Lawson
3516 Remington
Norman, Oklahoma 73072

If interested in participating in the golf tournament, please contact:

Alex Brown 405-843-9997 or alex@sleepremedies.net

Registrant Information:

Name

AARC #

Address

City, State and Zip

Phone

Employer

Work Phone

Email

OKLAHOMA SOCIETY FOR RESPIRATORY CARE
C/O WENDY LAWSON
3516 REMINGTON
NORMAN, OKLAHOMA 73072

okrespiratorycare.org