

SEMINAR REGISTRATION FORM

Please complete the registration form and send it, with your payment (check, purchase order #, or credit card information) to:

Bureau of Labor and Industries
Technical Assistance for Employers
800 NE Oregon Street, Suite 1045
Portland, OR 97232

Fax: 971-673-0762

Company Name: _____

Mailing Address: _____

City/State/Zip: _____ Telephone: _____

Confirmation only by e-mail: E-mail Address _____

Participant Name(s): _____

Seminar Date: _____ Seminar Location: _____

Seminar Title: _____

Total Payment Due: _____

Payment Method: Check Purchase Order # _____

VISA MasterCard

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Authorized Signature: _____