



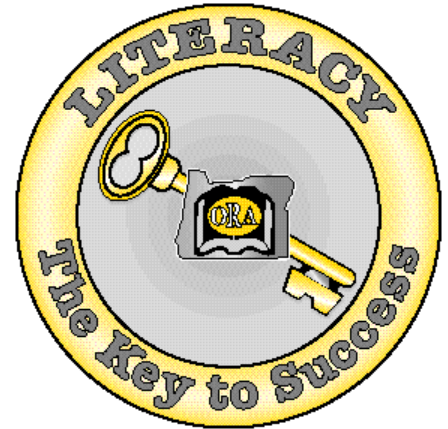
ORA ANNUAL STATE CONFERENCE

PLEASE DO NOT WRITE IN THIS BOX.

Friday and Saturday • February 8 & 9, 2008



**DOUBLETREE HOTEL
LLOYD CENTER
Portland, Oregon**



– CONFERENCE REGISTRATION RATES –

2-DAY RATES:

ORA Members – \$150
Non-ORA Members – \$175

SATURDAY ONLY:

ORA Members – \$100
Non-ORA Members – \$125

HOTEL INFORMATION DoubleTree Hotel/Lloyd Center offers a special conference rate for ORA members.

You must mention ORA and register not later than January 15, 2008 in order to receive these special rates!

You **must** make your own hotel reservations. — For reservations, call (503) 281-6111 (between 8 a.m. and 5 p.m.)
(There is a fee for parking at the hotel)

CONFERENCE REGISTRATION FORM:

NOTES:

If your membership needs to be renewed or if you are not a member, register at the Non-Member rate, and your membership will be renewed or activated.

Lunch not included in conference registration fee.

You must be registered for the conference to buy lunch tickets.

PLEASE CHECK THE APPROPRIATE BOX AND FILL IN THE AMOUNT AT RIGHT

- ORA Member – 2-Day Rate** (Check membership expiration date on ORA mailing label) (\$150) \$ _____
- Non-ORA Member – 2-Day Rate** (Please see note at left) (\$175) \$ _____
- ORA Member – Saturday Only** (Check membership expiration date on ORA mailing label) (\$100) \$ _____
- Non-ORA Member – Saturday Only** (Please see note at left) (\$125) \$ _____
- FRIDAY AUTHOR'S LUNCHEON & Speaker** (with Debra Frasier) (\$25) \$ _____
- SATURDAY AUTHOR'S LUNCHEON** (with Ben Mikaelson) (\$25) \$ _____

TOTAL \$ _____

NOTE: WE CANNOT ACCEPT PURCHASE ORDERS; PAYMENT MUST ACCOMPANY REGISTRATION

**College Credit Available
Oregon CPD Units Available**

PRE-REGISTRATION due January 25, 2008
Conference space is limited — first come, first served.
NO PURCHASE ORDERS — Make Checks Payable To: ORA

For ORA use only: DP date
Bank: _____ SD Pers.
Check: _____
Ck.Date: _____ Amt. \$ _____
Sch/Dist: _____

PAYMENT

Check or Money Order (payable to ORA)
 MasterCard® VISA® Discover®
Card # _____
Exp.Date: _____
Signature _____

We will be mailing confirmations for conference registrations received no later than January 25, 2008. Late registrations will not be confirmed by mail.

PLEASE PRINT CAREFULLY
THIS ADDRESS WILL BE USED FOR YOUR CONFIRMATION

Name _____
Address _____
City _____ State _____ ZIP _____
Phone: (Home) (____) _____ (Work) (____) _____
School District _____ School _____
e-mail address _____

• If you require special accommodations for attending the conference, you must let us know by January 15th •

Make conference checks payable to ORA.

PLEASE MAIL REGISTRATION FORM TO:

**Conference Registrar
P.O. Box 12
Maupin, OR 97037**

Sorry, No Refunds After January 11, 2008

PLEASE INDICATE:

Classroom Teacher: Elementary Title 1/Special Ed
 Middle/Jr. High Administration
 Secondary _____

Be sure to check the ORA website regularly at <http://oregonread.org>