



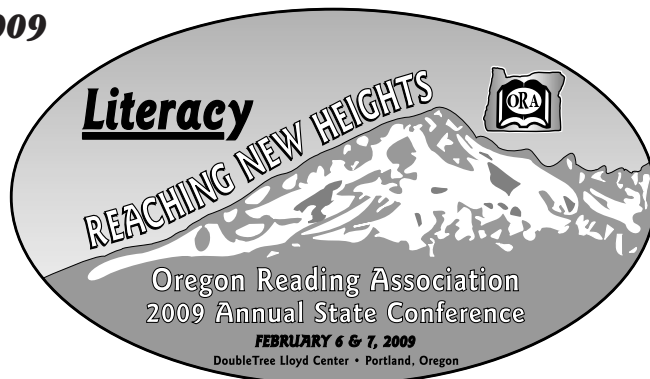
# ORA ANNUAL STATE CONFERENCE

PLEASE DO NOT WRITE IN THIS BOX.

**Friday and Saturday • February 6 & 7, 2009**



**DOUBLETREE HOTEL  
LLOYD CENTER  
Portland, Oregon**



<b>– CONFERENCE REGISTRATION RATES –</b>	
<b>2-DAY RATES:</b>	<b>SATURDAY ONLY:</b>
ORA Members – \$150	ORA Members – \$100
Non-ORA Members – \$175	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 23, 2009 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 Susan Fletcher) (\$25) \$ \_\_\_\_\_
- SATURDAY AUTHOR'S LUNCHEON** (with Michael Hoeye) (\$25) \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

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

*College Credit Available  
Oregon CPD Units Available*

**PRE-REGISTRATION due January 23, 2009**  
*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®  AmEx  
Card # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Signature \_\_\_\_\_

We will be mailing confirmations for conference registrations received no later than January 23, 2009. Late registrations will not be confirmed by mail.

**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 9, 2009*

**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 11th •

**PLEASE INDICATE:**

Classroom Teacher:  Elementary  Middle/Jr. High  Secondary  
Other:  Title 1/Special Ed  Administration  \_\_\_\_\_

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