



**Oregon
Reading
Association**

Winter Institute

**Friday & Saturday • February 10-11, 2012
— Portland, Oregon —**

PLEASE DO NOT WRITE IN THIS BOX.

NEW LOCATION!



CROWNE PLAZA®

Portland Downtown
1441 NE 2nd Avenue
Portland, OR 97232

Crowne Plaza offers a limited conference rate for ORA members; you must mention ORA. This special is limited and is "first come, first served". You must make your own hotel reservations; call (503) 233-2401

— THERE IS A PARKING FEE AT THE HOTEL —

— Registration Form —

My Choice for Friday Speakers: (check one) Katie Wood Ray or Kyleene Beers/Bob Probst

PLEASE PRINT CAREFULLY: EMAIL WILL BE USED FOR YOUR CONFIRMATION

Last Name _____ First Name _____ Phone (____) _____
 Home Mailing Address _____ City _____ State _____ Zip _____
 Email _____
 School district _____ School _____

RATES: (RATES INCLUDE A BOX LUNCH ON FRIDAY)

Number of ORA Members: _____ @ \$175 = \$ _____
 Number of Non-members: _____ @ \$200 = \$ _____
 Sub-total \$ _____

*You may copy this form for as many registrants as needed.
 Only one form may be marked as "free" for an administrator accompanying a group of four or more.*

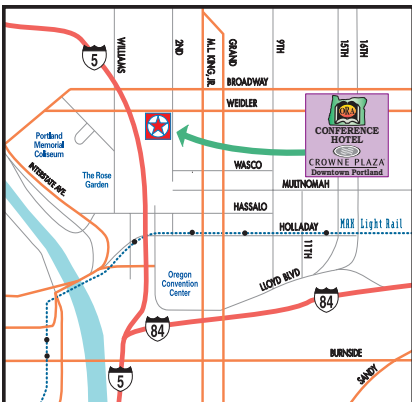
** Group Discount: Subtract 10% (- \$ _____) **Total due \$ _____**

** Group discount is for teams of 4 or more people registering at the same time from the same district.

Attach registration forms for each attendee together with group payment.

One administrator may accompany a group at no charge.
FREE I am an administrator accompanying a group of 4 or more educators.

ORA'S WINTER INSTITUTE IS IN A NEW LOCATION!



CROWNE PLAZA®
 Portland Downtown
 1441 NE 2nd Avenue • Portland, OR 97232

- You must mention ORA to receive a conference rate
- (877) 2-CROWNE
- www.cpportland.com - use booking link *Oregon Reading Assoc*
- (503) 233-2401

Make checks payable to ORA.
 PLEASE MAIL REGISTRATION FORM TO:
ORA Registrar
 P.O. Box 12
 Maupin, OR 97037
Sorry, No Refunds After February 1, 2012

PAYMENT

Check or Money Order (payable to ORA)
 Purchase Order
 MasterCard® VISA® Discover® AmEx

Card # _____
 Exp. Date: _____ Security Code: _____
 Signature _____ Date: _____