

Dotter Interventional Institute
6th Interventional/Neurointerventional
2010 Park City Conference

February 16-19, 2010



REGISTRATION FORM

First name: _____ Last name: _____ Credentials _____

Institution: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Please indicate your preference: I will ski I will snowboard I will not need lift tickets

The meeting registration fee includes **one free lift ticket per day**, attendance to all 8 sessions with daily continental breakfasts and afternoon snacks, and the welcome reception.

Physician \$695.00 Nurses/Techs/Allied \$475.00

Residents/Fellows \$475.00 One day \$250.00

Reservation for Post Meeting Excursion to Snow Basin Saturday, February 20, 2010 - \$70 per person
(includes bus transportation and lift ticket)

_____ Number of tickets

Please send registrations to Dixie McWilliams, Dotter Interventional Institute, OHSU L-342, 3181 SW Sam Jackson Park Road, Portland, OR 97239, mcwillid@ohsu.edu, fax 503 494-4258, phone 503 494-3918. If cancellation is necessary, you may send written notice to the same address. Cancellations made by January 1, 2010 will be accepted and are subject to a cancellation fee of \$100. Confirmed registrants who do not attend the conference or who cancel after January 1, 2010 are responsible for the entire registration fee. Substitutions may be made at any time. If you have a disability and need an accommodation to participate in this event let Dixie know at least 5 business days prior to the meeting.

Credit card information Security
Number: _____ Expiration date: _____ Code: _____

Billing address (if different from above):

If paying by check, make check payable to Oregon Health & Science University (OHSU) and send to the above address.

ROOM RESERVATIONS – Ways to reserve (1) <https://resweb.passkey.com/go/dotterinstitute> (2) 1-800 266-9432 (3) fax completed form to (503) 494-4258 (4) register through organization office (503) 494-3918 – if you make phone or online reservations, do not complete this section

Arrival: _____ Departure: _____

Person(s) sharing room: _____

Special needs/bedding request: _____

\$229 per night single/double plus 10.35% tax – one night plus tax will be charged as a deposit - rate will be available 3 days prior to and after the meeting if you would like to extend your stay. Room cancellations must be made 7 days prior to your scheduled arrival. Confirmations will not be sent.