

SPRING CONFERENCE



OFCA MEMBER PRICE: \$290
NON-MEMBER PRICE: \$375

MAY 2017

9TH GOLF TOURNAMENT

10TH GATHERING *of the* BUGLES SOCIAL **NEW!**

11TH AWARDS LUNCHEON **NEW!**

12TH FINAL HALF-DAY

EAGLE CREST RESORT
1522 SW CLINE FALLS ROAD,
REDMOND, OR

CONTACT
KIM AT 888-846-5741
KIM@OFCA.ORG

2017 Spring Conference

May 9– 12, 2017

Eagle Crest Resort, 1522 SW Cline Falls Road, Redmond, OR 97756

Email this completed registration form to: kim@ofca.org

Or mail to: OFCA, 25030 SW Parkway Ave., Suite 330, Wilsonville, OR 97070

Or fax to: 503-299-4760

TITLE _____

NAME _____

ORGANIZATION _____

BILLING ADDRESS _____

PHONE _____

EMAIL _____

OFCA MEMBER PRICE	NON-OFCA MEMBER PRICE	ATTEND AWARDS LUNCHEON (May 11 th 1200 Hours)	HAVE YOU PAID THIS YEAR'S DUES? <i>Current dues cycle: 07-01-16 thru 06-30-17</i>
<input type="checkbox"/> \$290	<input type="checkbox"/> \$375	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 luncheon ticket included with each registration. Extra tickets may be purchased for \$23 each. _____ # Extra Tickets	<input type="checkbox"/> \$85 Active Chief Officer <input type="checkbox"/> \$85 Agency Membership <input type="checkbox"/> \$85 Associate Member <input type="checkbox"/> \$65 Active Life Member <input type="checkbox"/> \$65 Non-chief Officer <input type="checkbox"/> \$25 Retired Chief Member <input type="checkbox"/> \$0 Retired Life Membership

TOTAL FEES \$ _____

Payment Method:	Card #	Expiration Date	3-digit V Code	Billing Zip Code
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Check <input type="checkbox"/> Invoice	_____	____/____/____	_____	_____

Please make checks payable to OFCA

Oregon Fire Chiefs Association, 25030 SW Parkway Ave., Suite 330, Wilsonville, OR 97070

kim@ofca.org

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