

REGISTRATION

OHM MEETING: 24-26 February, 2012

Holiday Inn Hotel, 1500 Van Ness (at Pine), San Francisco, CA 94109

Hotel Reservations: 415-441-4000. Rate goes up after 1/30/12

PLEASE FILL OUT AND RETURN THIS FORM to OHM

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE_ZIP _____

TEL _____ FAX _____

Email address (please!): _____

Support OHM. Join OHM today for \$150
and get member's registration rate.

OHM Members	\$300
Non-members	\$400
Retired	\$250
Students	\$150
Workshop Fee	\$150 each

After February 1	- Add \$ 50
At the door	- Add \$100
CME certificate	- Add \$ 50

I will attend 2 days meeting YES NO
I will Attend 2 workshops YES NO

PAYMENT INFORMATION:

Check (Payable to OHM) (see address below)

Visa MasterCard Name on the card _____

Expiration Date _____

Account # _____

Billing Address _____

State, Zip _____

Signature _____

Cancellation policy: Cancellation must be made in writing before February 1, 2009 for refund minus \$50 administration fee. Refunds will not be issued to no-show registrants.

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