



Continuing Education Sign Up  
*Presented by:*  
Life Flight Network, LLC

Please select:

- |  |                  |   |
|--|------------------|---|
| <input type="checkbox"/> December 13, 2008 | Lincoln City, OR | <u>Surftides Resort</u> – 2945 NW. Jetty Avenue                 |
| <input type="checkbox"/> January 10, 2009  | Kelso, WA        | <u>Guest House Inn &amp; Suites</u> – 501 Three Rivers Dr.      |
| <input type="checkbox"/> February 7, 2009  | Grande Ronde, OR | <u>Spirit Mtn. Casino</u> - 27100 SW Salmon River Hwy           |
| <input type="checkbox"/> March 7, 2009     | Eugene, OR       | <u>Boulevard Event Center</u> – 2123 Franklin Blvd.             |
| <input type="checkbox"/> March 21, 2009    | Astoria, OR      | <u>Holiday Inn Express</u> – 204 West Marine Drive              |
| <input type="checkbox"/> April 24, 2009    | The Dalles, OR   | <u>Mid Columbia Med. Ctr.</u> – 1700 E. 19 <sup>th</sup> Street |
| <input type="checkbox"/> April 25, 2009    | The Dalles, OR   | <u>Mid Columbia Med. Ctr.</u> - 1700 E. 19 <sup>th</sup> Street |
| <input type="checkbox"/> May 30, 2009      | Aurora, OR       | <u>Aurora Airport</u> – 22285 Yellow Gate Lane #102             |
| <input type="checkbox"/> June 6, 2009      | Bend, OR         | <u>Holiday Inn Express</u> – 20615 Grandview Drive              |

\*Your Registration Fee of **\$45.00** will reserve your seat and entitle you to a one-year membership with Life Flight Network. If you already have a Life Flight Membership, your current membership will be extended by one year. Please send check or credit card information to the below referenced address or contact our administration office to sign up by phone (503) 678-4364 ext. 102

Please sign me up for the above check marked class

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

(Please note: All agenda information, scheduling changes or information pertaining to the class will be emailed or mailed to the attendee's address or email listed above)

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Organization/ Company You Are Representing: \_\_\_\_\_

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I have enclosed a check for **\$45.00** made out to **Life Flight Network, LLC**

Please charge my credit card \_\_\_\_\_ exp: \_\_\_\_\_

Mail Payments to:  
**Life Flight Network, LLC**  
Attn: Continuing Education  
PO Box 99  
Aurora, OR 97002

OR FAX TO: (503) 678-4369