



# Oregon Association of Licensed Investigators

## OALI 2022 Fall Seminar Friday, November 4th, 2022

8 CEU's: TBD

Location: Valley River Inn, 1000 Valley River Way, Eugene, OR 97401

**EARLY Registration must be received by 5 PM on October 25, 2022. Please Print or write legibly.**  
OALI Registration may be faxed to: 800-385-6254  
or mail to OALI P.O. Box 2705, Portland OR 97208  
or email to [treasurer@oali.org](mailto:treasurer@oali.org)

**To Reserve Rooms: Call, (541) 743-1000 Please make your reservation as soon as possible in order for you to get the special room rate for Seminar Attendees.** Continental breakfast and lunch is provided for Registered Attendees.

### Seminar Attendance Cost:

- OALI Member Registration after 5 PM October 25, 2022 is \$105.
- Non-Member Registration after 5 PM October 25, 2022 is \$130.
- No-Shows may order a copy of the Seminar DVD for additional \$30.00 or Flash Drive Video for \$36 if a last-minute emergency after the cancellation deadline prevents you from attending. (Not for Pre-Orders)  
**\*\*\* (Note: You only have 90 days after the conference to request the No-show Video.) \*\*\***
- Written Cancellation must be received by Fax or Email by 5 PM October 25, 2022, NO REFUNDS AFTER THAT.

For more information go to <https://www.oali.org/seminars>. Any Questions Please email: [President@oali.org](mailto:President@oali.org), [VP@oali.org](mailto:VP@oali.org), or [Treasurer@oali.org](mailto:Treasurer@oali.org). PLEASE COMPLETE SEPARATE REGISTRATION FOR EACH ATTENDEE!

Name: \_\_\_\_\_ PI ID # \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Check Box	Registration Type	Cost
<input type="checkbox"/>	OALI Member Registration after 5 PM October 25, 2022	\$105.00
<input type="checkbox"/>	NON-Member Registration after 5 PM October 25, 2022	\$130.00
<input type="checkbox"/>	Lunch Only Guest (Non-Registered Attendee, Family, etc.)	\$35.00

Total payment enclosed \$ \_\_\_\_\_ Payment by: Check / Master Card / VISA / AMEX / Discover **Please circle one**

Exact Cardholder Name on the Credit Card: \_\_\_\_\_

Billing Address if different: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: Month \_\_\_\_\_ Year \_\_\_\_\_

Security code on Back of card: \_\_\_\_\_ Signature: \_\_\_\_\_