



Oregon Association of Licensed Investigators, Inc.

2022 OALI Annual Meeting
Thursday July 7, 2022 at 1:00 PM
2022 OALI Summer Seminar
Friday July 8, 2022
8 CEUs: 7 General & 1 Ethics

Early Registrations must be received by July 1, 2022 to get discounted rate.

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 Emailed to: treasurer@oali.org

Location: Days Inn, Black Bear, 1600 Motor Ct NE, Salem, OR 97301

Reserved Rooms: Call, (503) 581-1559 Please make your reservations as soon as possible in order to access the special room rates for OALI attendees. Seminar includes continental breakfast and lunch.

- OALI Members \$75 Early Registration by 5:00 PM July 1, 2022; and \$100 after that time & date.
- NON-Members \$100 Early Registration by 5:00 PM July 1, 2022; and \$125 after that time & date.
- NO SHOWS that have Paid Registration and unable to attend may receive a copy of the Seminar Video for an additional \$30.00. (Note: NO SHOWS only have 90 days to request seminar video after this conference.)
- Written Cancellation must be received by Fax or Email by July 2, 2022. No Refunds after that.
- Please complete an individual Registration for each person attending the Seminar.

For more information, see <https://www.oali.org/seminars>

Any Questions Please email: President@oali.org, VP@oali.org, or Treasurer@oali.org

Name: _____ PI ID # _____

Business name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Check Box	Registration Type	Cost
<input type="checkbox"/>	OALI Member Early Registration by 5:00 PM July 1, 2022	\$ 75.00
<input type="checkbox"/>	Non-Member Early Registration by 5:00 PM July 1, 2022	\$ 100.00
<input type="checkbox"/>	OALI Member Registration AFTER 5:00 PM July 1, 2022	\$ 100.00
<input type="checkbox"/>	Non-Member Registration AFTER 5:00 PM July 1, 2022	\$ 125.00
<input type="checkbox"/>	Extra Lunch for a Guest (Spouse, Friend, Etc.)	\$ 30.00

Total Payment \$ _____ Payment by: Check / Credit Card **(Please circle one)**

Credit Card # _____ Exp. Date _____ / _____ . CVV# _____

Name on Card (If Different) _____

Billing Address _____ City _____ ZIP _____

Date: _____ Signature: _____