



Oregon Association of Licensed Investigators

OALI 2023 Spring Seminar Friday, March 10, 2023

8 CEU's: 7 General & 1 Ethics

EARLY Registration must be received by 5 PM on March 2, 2023. 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

Location: Shilo Inn Suites Portland Airport, 11707 NE Airport Way, Portland, OR 97220

To Reserve Rooms: Call, (503) 252-7500 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 EARLY Registration by 5 PM March 2, 2023 is \$75, and \$105 after that time.
- Non-Member EARLY Registration by 5 PM March 2, 2023 is \$100, and \$130 after that time.
- 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 March 2, 2023, NO REFUNDS AFTER THAT.

For more information go to <https://www.oali.org/seminars>. Any Questions Please email: President@oali.org, VP@oali.org, or Treasurer@oali.org. PLEASE COMPLETE A 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 EARLY Registration by 5 PM March 2, 2023	\$75.00
<input type="checkbox"/>	NON-Member EARLY Registration by 5 PM March 2, 2023	\$100.00
<input type="checkbox"/>	Lunch Only Guest (Non-Registered Attendee, Family, etc.)	\$35.00
<input type="checkbox"/>	OALI Member after 5 PM March 2, 2023	\$105.00
<input type="checkbox"/>	Non-Member after 5 PM March 2, 2023	\$130.00

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: _____