



**23rd Annual Certification and Recertification Review
for Physician Assistants
July 29 – August 1, 2019**

Registration Form

Please print legibly – thank you.

Registrant Name _____ Degree _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ E-mail _____

Registration Fees <i>(please circle)</i>	Rates	
	Student Rate (2019 New Graduates)	All Others (including OHSU Graduates prior to 2019)
Due Date		
On or before June 28 th	\$250	\$500
June 29 th – July 12 th	\$275	\$550
After July 12 th and on site*	\$300	\$600
PDF copies of all presentation via DropBox	Free	Free
OPTIONAL hard copy of presented materials in a 3-ring binder	\$40	\$40
TOTAL (registration fee, plus optional binder, if applicable)		

*After July 12th, please contact us to inquire about available space.

For students graduating in 2019, please identify your P.A. Program _____

CME Certificate? Yes No (New graduates who have not yet certified are not eligible for CME)

Name as you would like it to appear on your name tag: _____

Credit Card (fax to 503-494-1409) VISA MC AMEX Discover

Card #: _____ Expiration Date: _____ CSC Code: _____

Name on Credit Card: _____ Signature: _____

Billing Address _____ City _____ State _____ Zip _____

Check enclosed (make payable to “OHSU Foundation”; OHSU Tax ID: 93-1176109)

Mail form and payment to:

OHSU P.A. Program
 Certification Review, Mail Code: CL5PA
 2730 SW Moody Ave
 Portland, OR 97201

Phone: 503-494-3633
 Fax: 503-494-1409
 E-mail: pareview@ohsu.edu
<http://www.ohsu.edu/pa/pareview>

Refund Policy

Payment is required at the time of registration. We will accept cancellations until July 19, 2019. All cancellation requests must be in writing, and must include your home address (and social security number if original payment by check) in order to process your refund. No refunds will be given for cancellations received after July 19, 2019. Cancellations received by July 19, 2019, will receive a refund, less a 25% processing fee, and will take 2 to 3 weeks to process. Should you wish to substitute a colleague, simply fax or e-mail notification of his or her name and contact information by July 19th so that we may prepare registration materials.