

ASC Training Registration Form

Facility Name _____

Attendee Information:

Name _____ E-mail _____ Phone _____

Name _____ E-mail _____ Phone _____

Name _____ E-mail _____ Phone _____

Name _____ E-mail _____ Phone _____

Fill out a separate form if more than four people from your facility will be attending

Vendor used for billing program _____

Training Session (Please Choose One)

- Roseburg June 24, 2008
- Portland June 25, 2008
- Bend June 26, 2008

Directions are available on our website at: www.oregon.gov/OHPPR/RSCH/Ambulatory_Surgery_Reporting

Please mail or fax to:

Erica Hedberg
1225 Ferry St SE, 1st Floor
Salem, OR 97301
Fax: 503-378-5511

This form is also available on-line at:
www.oregon.gov/OHPPR/RSCH/Forms