

OKPRN Convocation
Clinician Registration Form
Saturday-Sunday, August 18-19, 2007
Post Oak Lodge
5323 West 31st Street North, Tulsa 74127

Name: _____ E-mail: _____

Address: _____
Complete mailing address City State Zip

Telephone: _____ Fax: _____

I will be attending: ___ Saturday ___ Sunday ___ Both days

I will bring ___ guests. (Add an additional \$30/guest to attend the dinner on Saturday night.)

Registration Fee: \$150 for OKPRN Members
 \$175 for non-members
 \$30/guest for Saturday night dinner

___ Bill me (pay by check)

___ Credit Card (via PayPal)

Please contact the Post Oak Lodge at (918) 425-2112 and mention the OKPRN Summer Convocation 2007 to reserve your room. Space is limited.

Fax completed registration form to (580) 213-3167 or mail to:

Rural Health Projects, Inc./NWAHEC
attn: Allison Haney
2929 E. Randolph, Rm. 130
Enid, OK 73701