

Wednesday March 7, 2012

Location:

Salem Conference Center
200 Commercial St SE
Salem, OR 97301

OR

Thursday March 8, 2012

Location:

Rogue Valley Country Club
2660 Hill Crest Rd
Medford, OR 97504



Willamette Valley Association
of Health Underwriters

PO Box 493
Salem, OR 97308

Toll Free in Oregon:
(877) 412-6248

FAX: 503-585-8547

www.orahu.org

wvahu@vannattapr.com

***The event registration fee will be waived for all non-members** who join OAHU on or before March 1, 2012. **A non-member is anyone brand new to OAHU or anyone who has not been a member for the past 6 months**

**Send Completed Registration Forms to PO Box 493, Salem, OR 97308
Credit Card Registrations May Be Faxed to 503-585-8547**

Willamette Valley Association of Health Underwriters CE Seminar—Salem, Oregon & Medford, Oregon

3 CE Credits Applied (2 Law, 1 Health)

I want to attend the March 7th event in Salem: Kevin McCartin, Kim Wirtz, Kerry Barnett

Date: Wednesday, March 7, 2012

Time: 7:30am-8:20am Breakfast/Registration

8:20am-8:30am Greetings

8:30am-9:20am Kim Wirtz—Oregon Health Insurance Exchange

9:20am-9:50am Break

9:50am-10:40am Kerry Barnett—Regence and the Patient Centered Outcomes Research Institute

Governing Board

10:40am-11:00am Break

11:00am-11:50am Kevin McCartin—McCartin Analytical Services

Fees: New Members: FREE*
Members: \$75.00
Non-Members: \$100.00*

I want to attend the March 8th event in Medford: Kerry Barnett, Kim Wirtz, Jason Beyroudy

Date: Thursday, March 8, 2012

Time: 7:30am-8:20am Breakfast/Registration

8:20am-8:30am Greetings

8:30am-9:20am Jason Beyroudy—AKT Benefit Advisors LP

9:20am-9:50am Break

9:50am-10:40am Kim Wirtz—Oregon Health Insurance Exchange

10:40am-11:00am Break

11:00am-11:50am Kerry Barnett—Regence and the Patient Centered Outcomes Research Institute

Governing Board

Registration Deadline is February 29th

***Any person joining the association the day of the event will receive FREE registration to the seminar! Fill out the information below & complete a membership application to take advantage of this offer. Membership applications can be downloaded at www.orahu.org. NO REFUNDS for cancellations after February 29th.**

Name: _____

Company: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Check enclosed (Payable to WVAHU)

I Want to Join OAHU and Attend the Event for FREE!

(Please send me an OAHU Membership Form)

Visa/MasterCard

Credit Card Number _____ - _____ - _____

Expiration Date: _____

Signature: _____

Printed Name: _____