TO: IAWP

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re: **Registration for the Oregon Chapter IAWP Educational Institute**

The following individuals from my Section or Field Office have my permission to attend the annual IAWP – Oregon Chapter Educational Conference, September 14, 2018.

### I authorize you to send payment to: IAWP Oregon Chapter

Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | **Full Registration** |  | Cost Code210- |
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