REGISTRATION FEES REDUCED FOR CADCAM CE COURSE

Hello,

Initially, we had planned to have a 1 ½ day CADCAM continuing education course and the registration fee was based on that timeframe. However, with our planning a one-day course was developed. Thus, we’re reducing the registration fee for the CADCAM Continuing Education (CE) Course.

The one (1) day CE course for CPOs focusing exclusively on five turn-key CADCAM systems will be conducted on Friday, June 17th at Spokane Falls Community College campus. The five (5) primary CADCAM vendors will each offer an interactive presentation about his/her CADCAM system and allow adequate time for shared communication. The course will provide hands-on experiences for small groups giving attendees an opportunity to actually try out the product with guidance provided by the vendor representative. Preliminary discussions with the American Board of Certification (ABC) indicate that eight (8) CE credits will be provided for the one-day course.

NEW REGISTRATION FEES

<table>
<thead>
<tr>
<th>REGISTRATION</th>
<th>PRICE</th>
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<tbody>
<tr>
<td>EARLY REGISTRATION (March 1 thru May 15)</td>
<td>$300.00</td>
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<tr>
<td>REGISTRATION AFTER MAY 15</td>
<td>$375.00</td>
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<tr>
<td>REGISTRATION FOR TWO (2) or MORE</td>
<td>$250.00 each</td>
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The course will begin at 7:00 am and end at 5:00 pm with morning refreshments, lunch, and an afternoon break. At 5:30 pm, an evening reception will be provided for attendees and vendor representatives. We have negotiated a $104/night fee at a nearby Holiday Inn and a Hampton Inn is also located near the College.

For further information, please call: Ruthie Dearing (509) 533-3231; ruthie.dearing@sfcc.spokane.edu

A registration form is attached below.
CADCAM CONTINUING EDUCATION COURSE
June 17, 2016
Spokane Falls Community College

Badge Information

First Name: ___________________________   Last Name: ___________________________________________

Job Title: __________________________________________________________________________________________

Company/Organization: ______________________________________________________________________________

Registration Information

First Name: ___________________________   Last Name: ___________________________________________

Address: __________________________________________________________________________________________

City: ________________________________________    State: ________________________ Zip Code: _____________

Work Telephone: ______________________________   Cell Phone: _________________________________________

Email Address: _____________________________________________________________________________________

Verify Email Address: ________________________________________________________________________________

(Must provide YOUR email address to receive registration confirmation)

An email confirmation of this registration will be sent to the registrant entered on this form. If you would like a copy of the confirmation receipt mailed to someone else as well, please enter that email address below.

Additional Email: ____________________________________________________________________________________

Participant Information

Special accommodations required?  Yes                 No

What is needed? ___________________________________________________________________________________

From what O&P program did you graduate? __________________________________________________________________________

In what year did you graduate? ______________________________

How many years have you been in your profession? 0-5      6-10      11-20      21+
Payment Information

Registration fees include parking pass, refreshments, lunch, and evening reception

Registration Fee: $300.00  Early Registration by May 15, 2016
$375.00  Late Registration after May 15, 2016
$250.00  Registration fee per person for two (2) or more from the same practice

Please list below the names of the representatives from your practice who will be attending the CADCAM CE Course.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Credit Card Payment: If you prefer not to list credit card numbers on this form, please call Ruthie Dearing at (509) 533-3231 to provide credit card information.

Cardholder Name: ____________________________________________________________
Billing Address: ____________________________________________________________________________________
Billing City: ________________________________________Billing State: _____________________________________
Billing Zip: _________________________   Telephone Number: _____________________________________________
Card Type:     Visa                 MasterCard
Credit Card Number: ________________________________________________
Expiration Date: ______________________________________________________
CVV Code: * _______________________________________________________

* To prevent fraud, Visa and MasterCard use encrypted codes called CVV/CVC codes. The Visa and MasterCard 3-digit CVV/CVC codes are printed on the upper right corner of the signature strip on the back of your credit card.

Email or Fax Registration Form to:
Ruthie Dearing  ruthie.dearing@sfcc.spokane.edu   Fax: 509-533-4143

Check Payment: Please make the check out to: Spokane Falls Community College (SFCC)

Mail the Registration Form and check to:
Ruthie Dearing, Program Manager
O&P Technology Programs
3410 W. Fort George Wright Drive   MS 3190
Spokane, WA  99224

THANK YOU