

# SEMINAR REGISTRATION FORM

Please complete this registration form and send it with your payment (check, credit card information, or purchase order #) to:

**Bureau of Labor and Industries**  
Technical Assistance for Employers  
800 NE Oregon Street, Suite 1045  
Portland, OR 97232  
**FAX: 971-673-1384**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Confirmation only by e-mail: E-mail Address: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seminar Date: \_\_\_\_\_ Seminar Location: \_\_\_\_\_

Seminar Title: \_\_\_\_\_

## How did you learn about BOLI Seminars?

- BOLI Email                       BOLI Website                       Friend/Co-worker  
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