



REGISTRATION OREGON LIFESPAN RESPITE SUMMIT

May 5, 2009 9 a.m. – 4 p.m.

Location: Barbara Roberts Building, 500 Summer Street N.E., Room 137 A-D, Salem, OR 97301

(Complete the registration form below and submit it by April 17, 2009)

Name: _____

(One registration form per attendee)

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ — _____ E-mail: _____

PARKING PASS: Yes No

LUNCH: Please indicate your choice for a vegetarian or non-vegetarian below.

VEGETARIAN

NON-VEGETARIAN

Mail or fax registration form to:

Oregon Lifespan Respite Care, **Attn:** May Martin, 500 Summer Street NE, E-17, Salem, OR 97301

Telephone 503-947-2318 or fax 503-378-6532, or e-mail: may.martin@state.or.us

www.oregon.gov/DHS/respite

