



EnCOAR Table Registration

Company Name _____

Contact: _____

Pricing Information

How many adults? ___ \$25 each

Reserved table of 10 ___ \$200

Name

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

\$ ___ Total

Return to:

2112 NE 4th St, Bend, OR 97702; kim@coar.com; or fax to 541-383-3020

Registration is not complete until payment is received!

Enclosed is my check for \$ ___ Check # _____ Make checks to COAR

Credit Card information:

Name of Card _____

Card # _____ Exp _____ 3 Digit Code _____

Card Billing Address _____