



# **SOUTHERN OREGON AND THE PACIFIC NORTH COAST MAY 2024**

**YES! Please send information when it becomes available**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Fax, e-mail or send this form to:**  
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