



Oregon Remodelers Association/NARI Portland Membership Meeting



Seven Keys to Differentiation for Remodeling Companies

*Presented by Shawn McCadden CR, CLC, CAPS
Remodeling Industry Specialist*

Jerry Garcia, guitarist for the Grateful Dead once said *"You do not merely want to be considered just the best of the best. You want to be considered the only one who does what you do."* Shawn McCadden CR, CLC will share his thoughts on how remodeling contractors can gain a larger share of their market while increasing profit margins at the same time. For this unique session, Shawn has created a list of seven things professionals can do to differentiate themselves from their competition. If you are the only one who does what you do, and customers want what you offer, they will only be able to get it in one place. If you want to remove yourself from the bidding game and pricing wars, you don't want to miss what Shawn has to share with us. You will be *"grateful"* you came.

Wednesday, August 11, 2010

11:30 am -- Registration, Lunch & Networking

12:00-1:30 pm – Presentation and Q&A

Ambridge Center

1333 NE MLK Jr. Blvd., Portland, OR 97232

503.239.9921

PARKING: Please park in the lot off NE 3rd and NE Wasco
as well as NE 2nd and NE Wasco.

Parking is not allowed at Holy Rosary Church.

REGISTRATION

Name _____ Company _____

Additional Registrants (from same company) _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ Email _____

CCB License # _____

The above address is: Home Work Is this a database change? Yes No

PLEASE CHECK ONE:

- I already have a name badge and do not need a temporary one for the meeting
- I do not have a name badge

Member Regular Registration*: Received by 5:00 pm on 8/9/10 # _____ (List names above) **\$25**

Member Late/On-Site Registration*: Received after 5:00 pm on 8/9/10 **\$40**

Non-Member (first-time attendee receives member rate) **\$45**

**Registration deadlines are final – no exceptions will be made*

Total Amount Due \$ _____

PAYMENT OPTIONS:

Check, Payable to ORA Visa/MasterCard* American Express* (*credit card billing address in order to process.)
Is this a corporate card? Yes No If yes, corporate code: _____

Card # _____ Exp. Date _____ Amount Authorized \$ _____

Name on Card _____ Signature _____

Card Billing Address _____ City _____ State _____ Zip _____

Cancellation Policy

Cancellations received on or before 5:00 pm on August 9, 2010 will receive a full refund minus a \$10 administrative processing fee. Cancellations received after 5:00 pm on August 9, 2010, no shows, or same-day cancellations will not receive a refund. Sorry, no exceptions.