

REGISTRATION

To ensure proper registration, please fill out one registration form for each registrant. Fax the completed form to 614-228-6403, or mail to Ohio Chamber of Commerce, P.O. Box 15159, Columbus, OH 43215-0159, Attention: Virginia Schneider. We regret that e-mails and phone calls cannot be accepted to register for this event. The deadline for registration and cancellations with a full refund is Friday, April 30, 2010. Cancellations after the 30th will be invoiced for the full registration fee.

(PLEASE PRINT)

Primary Contact Name (If different than registrant's name)

Registrant's Name

Title

Company/Organization

Address

City, State, Zip

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Phone

()
Fax

E-mail

FEES

	COST	# OF REGISTRANTS	TOTAL COST
<input type="checkbox"/> FULL REGISTRATION	\$125.00 X	_____ =	\$
TOTAL AMOUNT DUE			\$

PAYMENT OPTIONS

Check Enclosed (Make checks payable to Ohio Chamber of Commerce)

Charge to:   

Account # _____ Expiration Date ____/____/____

Cardholder Name _____ Security Code _____

Address _____

City _____ State _____ Zip _____

Signature _____