



NAME \_\_\_\_\_

YOUR FIRST NAME FOR YOUR NAME BADGE \_\_\_\_\_

YOUR PRACTICE SPECIALTY FOR YOUR NAME BADGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

**Inclusive (Friday, Saturday and Sunday) Conference Rates:**

*Includes All Meals and Breaks – Does NOT Include Printed Syllabus*

	Pre-Registration Deadline 9/04/17	After 9/04/17 and On-Site Registration	
OAPA Member	\$400	\$400	\$ _____
Non-member	\$575	\$675	_____
OAPA Student Member	\$200	\$200	_____

**Daily Rates:**

Friday, October 13 OR Saturday, October 14 Specify Day \_\_\_\_\_

OAPA Member	\$160	\$160	\$ _____
Non-member	\$260	\$260	_____
OAPA Student Member	\$100	\$100	_____

Sunday, October 15

OAPA Member	\$ 80	\$ 80	\$ _____
Non-member	\$180	\$180	_____
OAPA Student Member	\$ 0	\$ 0	_____

**Printed Syllabus** \$ 10 \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

This is this FIRST OAPA conference I have attended. YES \_\_\_\_\_ NO \_\_\_\_\_

REGISTRATION PAYMENT

Make Checks Payable to OAPA

**Visa or MasterCard ONLY:**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail Registration Form and Payment to:

OAPA  
4700 Reed Road, Suite N  
Columbus, OH 43220

You may also register with a credit card on line at the OAPA website:

[www.ohiopa.com](http://www.ohiopa.com)

or fax with a credit card to 614/824-2103

Questions? Call OAPA at 800/292-4997

Full refund (minus \$25 processing fee) available upon written request, postmarked on or before October 6, 2017. ***No refunds after OCTOBER 6, 2017. No refunds for no shows.***

HOTEL INFORMATION

Hotel Room Rates: \$125.00

Mention OAPA when you contact the Marriott Columbus Northwest to make your room reservations – 888-801-7133. Hotel Registration Deadline is **September 14, 2017.**