



# MEMBER PRICING & REGISTRATION SHEET

ADVANCED REGISTRATION ENDS JUNE 27, 2019

MAKE HOTEL RESERVATIONS SEPARATELY

Make your hotel reservations at discounted prices by using the link to the Columbus Hilton at Easton at our website [www.ohiofirechiefs.org](http://www.ohiofirechiefs.org) and click on the conference page.



Registration prices are for the registrant and one spouse/guest/partner to attend lunches and events. Classes are NOT included for the spouse/guest/partner. A separate registration form is required for the spouse/guest/partner.

| REGISTRATION OPTIONS   | Early Fee (Before 6/27/2019)   | Regular Fee (After 6/27/2019)  |
|--|--------------------------------|--------------------------------|
| <b>FULL CONFERENCE PACKAGE: INCLUDES EVENING ACTIVITIES, AND LUNCHESES ON FRIDAY, SATURDAY, SUNDAY</b>       |                                |                                |
| <b>MEMBER REGISTRATION</b>   | <input type="checkbox"/> \$430 | <input type="checkbox"/> \$450 |
| <b>FIRST TIMER SPECIAL (MEMBERS ONLY)<br/>ENJOY A 15% DISCOUNT</b>   | <input type="checkbox"/> \$366 | <input type="checkbox"/> \$386 |
| <b>RETIRED MEMBER REGISTRATION</b>   | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$340 |
| <b>NON-MEMBER REGISTRATION</b><br>(Package includes individual membership through 9/30/20)                   | <input type="checkbox"/> \$485 | <input type="checkbox"/> \$505 |
| <b>WEEKEND PACKAGE: INCLUDES LUNCHESES AND EVENING ACTIVITIES ON SATURDAY, SUNDAY, AND MONDAY</b>            |                                |                                |
| <b>MEMBER REGISTRATION</b>   | <input type="checkbox"/> \$370 | <input type="checkbox"/> \$390 |
| <b>RETIRED MEMBER REGISTRATION</b>   | <input type="checkbox"/> \$245 | <input type="checkbox"/> \$265 |
| <b>NON-MEMBER REGISTRATION</b>   | <input type="checkbox"/> \$470 | <input type="checkbox"/> \$490 |
| <b>INDIVIDUAL DAY OPTIONS: INCLUDES LUNCH ON THAT DAY (do not use if you are purchasing a package above)</b> |                                |                                |
| <b>THURSDAY</b>  | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$115 |
| <b>FRIDAY</b>  | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$115 |
| <b>SATURDAY</b>  | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$115 |
| <b>SUNDAY</b>  | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$115 |
| <b>MONDAY</b>  | <input type="checkbox"/> \$50  | <input type="checkbox"/> \$60  |
| <b>SATURDAY EVENING EVENT TICKET</b>   | <input type="checkbox"/> \$58  | <input type="checkbox"/> \$58  |
| <b>PRESIDENTIAL BANQUET TICKET</b>   | <input type="checkbox"/> \$63  | <input type="checkbox"/> \$63  |

I AM A FIRST TIME CONFERENCE ATTENDEE

I HAVE ATTENDED THE CONFERENCE BEFORE

\$

**TOTAL AMOUNT ENCLOSED**

|                        |                                       |
|------------------------|---------------------------------------|
| REGISTRANT NAME: _____ | TITLE: _____                          |
| FIRE DEPARTMENT: _____ | EMAIL: _____                          |
| DAYTIME PHONE: _____   | FAX: _____                            |
| MAILING ADDRESS: _____ |                                       |
| CITY: _____            | STATE: _____ ZIP: _____ COUNTY: _____ |

PLEASE CHARGE MY CARD IN THE AMOUNT OF \$ \_\_\_\_\_ (Visa/MC/Discover)  ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ SIC/CODE: \_\_\_\_\_

RETURN THIS FORM W/PAYMENT TO: OFCA OFFICE; 450 West Wilson Bridge Road, Suite 150; Worthington, OH 43085 \*NO INVOICING AVAILABLE\*



## SPOUSE/PARTNER REGISTRATION FORM



**This form is required to receive nametags and tickets to meals and events for your Spouse/Partner.**

The price of your Spouse/Partner meals is included in your OFCA Member's registration fee. However, to ensure that we have accurate counts for meals and events, please select which meals and events your Spouse/Partner will be attending.

**OFCA Member Registrant Name:** \_\_\_\_\_

**Spouse/Partner Name:** \_\_\_\_\_

**Email address for Spouse/Partner:** \_\_\_\_\_

*(we may contact your Spouse/Partner with details about a Partner program, however, we will not sell or use your Spouse/Partner email address for any other purpose)*

| Spouse/Partner Options |                          |                      |                               |
|------------------------|--------------------------|----------------------|-------------------------------|
| Friday Lunch           | <input type="checkbox"/> | Sunday Lunch         | <input type="checkbox"/>      |
| Saturday Lunch         | <input type="checkbox"/> | Presidential Banquet | <input type="checkbox"/>      |
| Saturday Evening Event | <input type="checkbox"/> | Retirees Lunch       | <input type="checkbox"/>      |
| Children 8 and Under   | <input type="checkbox"/> | Children 8 and Over  | <input type="checkbox"/> \$90 |

**Children Names (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Options for Children Tickets *(if applicable)*: AMOUNT ENCLOSED \$  

Charge my card in the amount of \$\_\_\_\_\_. (Visa/MC/Discover)     Enclosed is my check for \$\_\_\_\_\_.

Name on Card: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ SIC/CODE: \_\_\_\_\_



# GUEST REGISTRATION FORM



**This form is required to receive nametags and tickets to meals and events for your Guest**

**OFCA Member Registrant Name:** \_\_\_\_\_

**Guest Name:** \_\_\_\_\_

If tickets are needed for additional guests, you may purchase them below. Please provide names for all those who will be attending.

Educational sessions are not included in the guest prices. If you have a guest who wants to attend sessions, they need to register as an attendee.

| Individual Ticket Options: Multiple Quantities may be purchased. |      |            |  |       |            |
|--|------|------------|--|-------|------------|
| Friday Lunch Tickets   | \$32 | Qty: _____ | Presidential Banquet   | \$63  | Qty: _____ |
| Saturday Lunch Tickets   | \$32 | Qty: _____ | Children 8 and Over ( <i>grandchildren and other family members</i> )    | \$90  | Qty: _____ |
| Saturday Evening Tickets   | \$58 | Qty: _____ | Additional Guests for Retirees Lunch                                     | \$32  | Qty: _____ |
| Sunday Lunch Tickets   | \$32 | Qty: _____ | Additional Guests to Full Conference<br><i>*Evening Activities Only*</i> | \$130 | Qty: _____ |

**Additional Guest Names (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   |                        |  |
|---|------------------------|--|
| Payment Options for Additional Tickets:   | <b>AMOUNT ENCLOSED</b> | \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |
| <input type="checkbox"/> Charge my card in the amount of \$ _____. (Visa/MC/Discover) |                        |  |
| <input type="checkbox"/> Enclosed is my check for \$ _____.                           |                        |  |
| Name on Card: _____   |                        |  |
| Account #: _____ Exp. Date: _____ SIC/CODE: _____                                     |                        |  |