

Step 1: Tell Us About Yourself

Please duplicate this form as needed.

Early Registration Discount Deadline: August 9, 2019

Organization: _____
 Person Completing Form: _____ Title: _____
 Address: _____ City/State/Zip: _____
 Phone: (____) _____ Fax: (____) _____ E-mail: _____

Complete only if you are registering additional attendees. (Each person receives confirmation. Please provide e-mail addresses.) PLEASE PRINT LEGIBLY. Duplicate form as needed.

1. Name: _____ <input type="checkbox"/> First Time Attendee	Indicate day(s) attending: <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur.
Title: _____	E-mail: _____
2. Name: _____ <input type="checkbox"/> First Time Attendee	Indicate day(s) attending: <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur.
Title: _____	E-mail: _____
3. Name: _____ <input type="checkbox"/> First Time Attendee	Indicate day(s) attending: <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur.
Title: _____	E-mail: _____
4. Name: _____ <input type="checkbox"/> First Time Attendee	Indicate day(s) attending: <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur.
Title: _____	E-mail: _____

Special Events: Please indicate if you are planning to attend.

Casino Night (Wed., Aug. 28, 2019) Yes No

To Opt Out of Exhibitor Mailing List (email and/or direct) check box to the right.

Step 2: Calculate Your Fees

I wish to register at the following rates: (✓ Check all that apply.)	Member		Nonmember Registration Fees	Quantity	Total
	Early Registration Discount through 8/9	Full Registration Fee after 8/9			
Full (3 days) Includes all days (Tue., Wed., Thur.)					
<input type="checkbox"/> Full Attendee*	\$475	\$525	\$625	# _____ x \$ _____	= _____
Two Day Choice of two, please select: <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur.					
<input type="checkbox"/> Attendee TWO DAY	\$375	\$425	\$525	# _____ x \$ _____	= _____
One Day Please select: <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur.					
<input type="checkbox"/> Attendee* ONE DAY	\$195	\$250	\$300	# _____ x \$ _____	= _____
Bring Your Team (Up to 8 people full conference access) Indicate above day(s) ea. member will attend.					
<input type="checkbox"/> Attendee	\$2,850	\$2,950	N/A	# _____ x \$ _____	= _____
Full Conference Rate: Includes all education sessions, handouts, up to 15.5 continuing education units per person, continental breakfasts, Wed. evening Casino Night, Awards luncheons and breaks for each attendee.				Grand Total	\$ _____

2 Ways to Register:



1. Online Registration:
www.LeadingAgeOhio.org



2. Mail your completed form
with payment to:
LeadingAge Ohio
2233 North Bank Drive
Columbus, Ohio 43220

Registration and attendance at, or participation in, LeadingAge Ohio meetings and other activities constitutes an agreement by the registrant to use and distribute photographs of the registrant's image. I authorize LeadingAge Ohio to use and publish the same in print and/or electronically. I agree that LeadingAge Ohio may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Special Note: If you require special services or have special dietary concerns, please describe your needs in writing and send via e-mail by August 23 to Corey Markham at cmarkham@leadingageohio.org.

* Subsidized rates for students and members in need are available upon request.