



MEMBER PRICING & REGISTRATION SHEET

Note: Make your hotel reservations separately. There is a link and code for discounted pricing for the Columbus Hilton at Easton at our website www.ohiofirechiefs.org/conference. *Registration prices are for the registrant. A separate registration form is required for your spouse/guest/partner.*

REGISTRATION OPTIONS	Early Fee (Before 6/30/2024)	Regular Fee (After 6/30/2024)
FULL CONFERENCE PACKAGE: INCLUDES BREAKFAST, LUNCH, AND EVENING ACTIVITIES ON MONDAY-WEDNESDAY		
ACTIVE MEMBER REGISTRATION	<input type="checkbox"/> \$500	<input type="checkbox"/> \$520
FIRST TIMER SPECIAL (MEMBERS ONLY) ENJOY A 15% DISCOUNT	<input type="checkbox"/> \$425	<input type="checkbox"/> \$442
ACTIVE RETIRED MEMBER REGISTRATION	<input type="checkbox"/> \$400	<input type="checkbox"/> \$420
NON-MEMBER REGISTRATION (Package includes individual membership through 9/30/24)	<input type="checkbox"/> \$570	<input type="checkbox"/> \$590
INDIVIDUAL DAY OPTIONS: INCLUDES LUNCH ON THAT DAY (do not use if you are purchasing a package above)		
MONDAY	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145
TUESDAY	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145
WEDNESDAY	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145
THURSDAY	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70
PRESIDENTIAL BANQUET TICKET	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
SUNDAY, JULY 21, 2024 SPECIAL CLASS (You must choose an option below even if you are purchasing a package above)		
REPERCUSSIONS PRESENTED BY CORLEY MOORE <i>*This class requires a separate payment outside of your Conference registration*</i>	<input type="checkbox"/> OFE ALUMNI - \$20 <input type="checkbox"/> OFCA MEMBER - \$40 <input type="checkbox"/> NON-MEMBER - \$80	
<input type="checkbox"/> I AM A FIRST TIME CONFERENCE ATTENDEE <input type="checkbox"/> I HAVE ATTENDED THE CONFERENCE BEFORE		<div style="border: 2px solid black; padding: 5px; display: inline-block;">\$ _____</div>

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 WITH PAYMENT TO:
OFCA OFFICE; 450 W. WILSON BRIDGE ROAD, SUITE 150; WORTHINGTON, OH 43085

NO INVOICING AVAILABLE

Please DO NOT share my department with the vendors