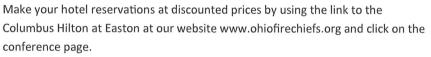


REGISTRATION OPTIONS

ACTIVE MEMBER REGISTRATION

MEMBER PRICING & REGISTRATION

MAKE HOTEL RESERVATIONS SEPARATELY



Early Fee (Before 6/28/2021)

□ \$435

FULL CONFERENCE PACKAGE: INCLUDES EVENING ACTIVITIES, LUNCHES, AND BREAKS ON MONDAY-FRIDAY



Regular Fee (After 6/28/2021)

□ ¢455

Registration prices are for the registrant. A separate registration form is required for your spouse/guest/partner.

	_	, 100	a 5455
FIRST TIMER SPECIAL (MEMBERS ONLY) ENJOY A 15% DISCOUNT		\$373	□ \$392
ACTIVE RETIRED MEMBER REGISTRATION		\$325	□ \$345
NON-MEMBER REGISTRATION (Package includes individual membership through 9/30/21)		\$495	□ \$515
INDIVIDUAL DAY OPTIONS: INCLUDES LU	NCH ON THAT D	AY (do not use if	ou are purchasing a package above)
MONDAY		\$95	□ \$115
TUESDAY		\$95	\$115
WEDNESDAY		\$95	\$115
THURSDAY		\$95	\$115
FRIDAY		\$50	\$60
PRESIDENTIAL BANQUET TICKET		\$66	□ \$66
☐ I AM A FIRST TIME CONFEDENCE ATTENDEE ☐			
☐ I AM A FIRST TIME CONFERENCE ATTENDEE ☐	I HAVE ATTENDED T	HE CONFERENCE BEFO	TOTAL AMOUNT ENCLOSED
			TOTAL AMOUNT ENCLOSED
REGISTRANT NAME:		TITLE:	TOTAL AMOUNT ENCLOSED
REGISTRANT NAME:FIRE DEPARTMENT:		TITLE:	TOTAL AMOUNT ENCLOSED
REGISTRANT NAME: FIRE DEPARTMENT: DAYTIME PHONE: MAILING ADDRESS:		TITLE: EMAIL: FAX:	TOTAL AMOUNT ENCLOSED
REGISTRANT NAME: FIRE DEPARTMENT: DAYTIME PHONE: MAILING ADDRESS:		TITLE: EMAIL: FAX:	TOTAL AMOUNT ENCLOSED
REGISTRANT NAME: FIRE DEPARTMENT: DAYTIME PHONE: MAILING ADDRESS:	:: ZIP:	TITLE: EMAIL: FAX: COU	NTY: ENCLOSED IS MY CHECK FOR \$

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



guest/partner.

SPOUSE/PARTNER REGISTRATION **FORM**



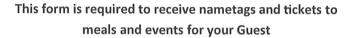
This form is required to receive nametags and tickets to meals and events for your Spouse/Partner.

please select which meals and events your Spouse/Partner will be attending. Classes are NOT included for the spouse/

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 Monday Lunch Thursday Lunch Tuesday Lunch **Presidential Banquet Tuesday Reception Retirees Lunch** Wednesday Lunch Children 8 and Under Wednesday Reception Children 8 and Over \$90 Spouse Fee V \$50 Children Names (if applicable): AMOUNT ENCLOSED Payment Options for Spouse/Guest/Partner and Children (if applicable): ☐ 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





ducational sessions are not i register as an attendee.	ncluded i	n the guest pr	rices. If you have a guest who wants to attend sess	sions, th	ey need to
	Individu	al Ticket Opti	ions: Multiple Quantities may be purchased.		
Monday Lunch Tickets	\$35	Qty:	Presidential Banquet	\$66	Qty:
Tuesday Lunch Tickets	\$35	Qty:	Children 8 and Under (grandchildren and other family members)	FREE	Qty:
Tuesday Reception	\$25	Qty:	Children 8 and Over (grandchildren and other family members)	\$90	Qty:
Wednesday Lunch Tickets	\$35	Qty:	Additional Guests for Retirees Lunch	\$35	Qty:
Wednesday Reception	\$25	Qty:	Additional Guests to Full Conference	\$125	Qty:
Wednesday Neception	4,		*Evening Activities Only*	7-2-5	*
Thursday Lunch Tickets	\$35	Qty:	*Evening Activities Only*		
		Qty:	*Evening Activities Only*		
Thursday Lunch Tickets	pplicable)	Qty:	*Evening Activities Only*		
Thursday Lunch Tickets dditional Guest Names (if ap	pplicable) nal Ticket	Qty:	*Evening Activities Only* AMOUNT ENCLOSED . (Visa/MC/Discover)		-\$