



MEMBER PRICING & REGISTRATION

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 and click on the conference page.



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

REGISTRATION OPTIONS	Early Fee (Before 6/28/2021)	Regular Fee (After 6/28/2021)
FULL CONFERENCE PACKAGE: INCLUDES EVENING ACTIVITIES, LUNCHESES, AND BREAKS ON MONDAY-FRIDAY		
ACTIVE MEMBER REGISTRATION	<input type="checkbox"/> \$435	<input type="checkbox"/> \$455
FIRST TIMER SPECIAL (MEMBERS ONLY) ENJOY A 15% DISCOUNT	<input type="checkbox"/> \$373	<input type="checkbox"/> \$392
ACTIVE RETIRED MEMBER REGISTRATION	<input type="checkbox"/> \$325	<input type="checkbox"/> \$345
NON-MEMBER REGISTRATION (Package includes individual membership through 9/30/21)	<input type="checkbox"/> \$495	<input type="checkbox"/> \$515
INDIVIDUAL DAY OPTIONS: INCLUDES LUNCH ON THAT DAY (do not use if you are purchasing a package above)		
MONDAY	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115
TUESDAY	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115
WEDNESDAY	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115
THURSDAY	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115
FRIDAY	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
PRESIDENTIAL BANQUET TICKET	<input type="checkbox"/> \$66	<input type="checkbox"/> \$66

\$

☐ 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 registration is \$50. To ensure that we have accurate counts for meals and events, please select which meals and events your Spouse/Partner will be attending. *Classes are NOT included for the spouse/guest/partner.*

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	<input type="checkbox"/>	Thursday Lunch	<input type="checkbox"/>
Tuesday Lunch	<input type="checkbox"/>	Presidential Banquet	<input type="checkbox"/>
Tuesday Reception	<input type="checkbox"/>	Retirees Lunch	<input type="checkbox"/>
Wednesday Lunch	<input type="checkbox"/>	Children 8 and Under	<input type="checkbox"/>
Wednesday Reception	<input type="checkbox"/>	Children 8 and Over	<input type="checkbox"/>
		Spouse Fee	<input checked="" type="checkbox"/>

Children Names (if applicable):

Payment Options for Spouse/Guest/Partner and Children <i>(if applicable)</i> :	AMOUNT ENCLOSED	\$
<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: _____		



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.					
Monday Lunch Tickets	\$35	Qty: _____	Presidential Banquet	\$66	Qty: _____
Tuesday Lunch Tickets	\$35	Qty: _____	Children 8 and Under (<i>grandchildren and other family members</i>)	FREE	Qty: _____
Tuesday Reception	\$25	Qty: _____	Children 8 and Over (<i>grandchildren and other family members</i>)	\$90	Qty: _____
Wednesday Lunch Tickets	\$35	Qty: _____	Additional Guests for Retirees Lunch	\$35	Qty: _____
Wednesday Reception	\$25	Qty: _____	Additional Guests to Full Conference <i>*Evening Activities Only*</i>	\$125	Qty: _____
Thursday Lunch Tickets	\$35	Qty: _____			

Additional Guest Names (if applicable):

Payment Options for Additional Tickets:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> AMOUNT ENCLOSED \$ </div>
<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: _____	

Return this form with payment to: OFCA OFFICE; 450 WEST WILSON BRIDGE ROAD, SUITE 150; WORTHINGTON, OH 43085 *No Invoicing Available*