



# 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](http://www.ohiofirechiefs.org/conference). *Registration prices are for the registrant. Presidential Banquet guest tickets can be purchased with this form.*

REGISTRATION OPTIONS	Early Fee (Before 6/9/2025)	Regular Fee (After 6/9/2025)
<b>FULL CONFERENCE PACKAGE: INCLUDES BREAKFAST, LUNCH, AND EVENING ACTIVITIES ON MONDAY-WEDNESDAY</b>		
<b>ACTIVE MEMBER REGISTRATION</b>	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
<b>FIRST TIMER SPECIAL (MEMBERS ONLY) ENJOY A 15% DISCOUNT (EARLY FEE ONLY)</b>	<input type="checkbox"/> \$470	<input type="checkbox"/> \$600
<b>ACTIVE RETIRED MEMBER REGISTRATION</b>	<input type="checkbox"/> \$450	<input type="checkbox"/> \$600
<b>NON-MEMBER REGISTRATION</b> (Package includes individual membership through 9/30/25)	<input type="checkbox"/> \$575	<input type="checkbox"/> \$600
<b>INDIVIDUAL DAY OPTIONS: INCLUDES LUNCH ON THAT DAY (do not use if you are purchasing a package above)</b>		
<b>MONDAY</b>	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145
<b>TUESDAY</b>	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145
<b>WEDNESDAY</b>	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145
<b>THURSDAY (NO LUNCH)</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70
<b>PRESIDENTIAL BANQUET TICKET</b>	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85
<b>OFF LUNCHEON</b>	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55
<b>RETIREE CAUCUS &amp; LUNCH</b>	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55
<b>TUESDAY EXHIBIT ONLY PASS SINGLE DAY (includes lunch)</b>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60
<b>PRESIDENTIAL DINNER GUEST</b>		
<b>PRESIDENTIAL DINNER GUEST</b>	<input type="checkbox"/> \$85	

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 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 vendor