

REGISTRATION FORM
110TH Annual Forum
Ohio Welfare Conference
November 15-17, 2000
Holiday Inn Worthington
Columbus, Ohio

NAME: _____
Last First

AGENCY/ORGANIZATION: _____
TYPE OF AGENCY: __ CDHS__ ODJFS __ CSB __ CSEA__ Mental Health __ Muni Agency __ Other: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

COUNTY: _____ **PHONE NUMBER:** _____ **e-mail:** _____

Please circle the appropriate category:	<u>All Days</u>	<u>One Day Only</u>
Pre-Registration Postmarked by 10/20/00 (payment & form must be included)	\$99	\$65
Registration After 10/20/00	\$109	\$75
Full Time Student Fee Name of School: _____ Please attach copy of current student ID	\$25	\$15
Retired Person Fee	\$20	\$10
CEU Processing Fee (waived) (Please complete & send attached CEU Form)	<u>No Fee</u>	<u>No Fee</u>

TOTAL Amount of Enclosed Check or Money Order \$ _____ (**Do Not Send Cash**)

WALK IN REGISTRATIONS ARE WELCOME.

COMPLIMENTARY LUNCHEON REGISTRATION

Complementary full course luncheon must be limited to **the first 500** people who register for both days of the conference and who make a commitment to attend! People who wish to attend only on Thursday will be considered on a space available basis.

Indicate below whether or not you wish to attend the luncheon:

I will attend the luncheon. I will **NOT** attend the luncheon. **Select one:** Chicken Vegetarian

To aid in Conference Planning please indicate the numbers of the workshops you plan to attend. You will not be confined to these workshops since all sessions will be open (first come, first seated). **PLEASE INDICATE PREFERENCES BELOW.**

Wednesday	10:00 a.m. - 12:00 noon	Executive Session: <input type="checkbox"/> Yes <input type="checkbox"/> No
Wednesday	1:00 p.m. - 4:30 p.m.	Keynote Address: <input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday	8:30 a.m. - 10:00 a.m.	Workshop Number: _____
Thursday	10:15 a.m. - 11:45 a.m.	Workshop Number: _____
Thursday	2:45 p.m. - 4:15 p.m.	Workshop Number: _____
Friday	8:30 a.m. - 10:00 a.m.	Workshop Number: _____
Friday	10:15 a.m. - 11:45 a.m.	Workshop Number: _____

CANCELLATIONS: To receive a refund of registration fees a written notice must be received no later than November 3, 2000.

BILLINGS: Only agencies or organizations may be billed for fees. Enclose a statement on agency letterhead with billing information when you send the individual registration forms.

MAKE CHECK OR MONEY ORDER PAYABLE TO: OHIO WELFARE CONFERENCE

MAIL TO: **Brenda Newsom** **or Fax To:** 614-752-7193
 Ohio Welfare Conference
 PO Box 14738
 Columbus, Ohio 43214

HOTEL RESERVATIONS: You are responsible for making your own reservations and payment arrangements.