

**REGISTRATION FORM**  
**114<sup>th</sup> Ohio Welfare Conference**  
**October 27 & 28, 2004**  
**Worthginton, Ohio**

NAME: \_\_\_\_\_ Email \_\_\_\_\_

AGENCY: \_\_\_\_\_ TYPE: \_\_\_ JFS \_\_\_ ODJFS \_\_\_ CSB \_\_\_ CSEA \_\_\_ Mental Health \_\_\_ other \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

COUNTY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**Please circle the appropriate category:** All Days One Day Only

Pre-Registration Postmarked by 10/08/04 \$119 \$85  
 (Payment & form must be included)

Registration After 10/08/04 \$144 \$95

Full Time Student Fee \$45 \$35

Name of School: \_\_\_\_\_

Please attach copy of current student ID

Retired Person Fee \$40 \$30

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

**WALK IN REGISTRATIONS ARE WELCOME. CEU'S OFFERED AT NO CHARGE**

**Application applied for through the Ohio Department of Health providership for social workers.**

**Application has been made for Chemical Dependency Professionals through the Ohio Department of Drug & Alcohol Addiction Services. Ohio Board of Nursing accepts Social Work CEU'S.**

Complementary full course luncheon offered to those registered 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.

\_\_\_ I will attend the luncheon. Select one: \_\_\_ Chicken \_\_\_ Vegetarian

\_\_\_ I will not attend the luncheon.

To aid in Conference Planning please indicate the numbers of the workshops you will attend. You will not be confined to these workshops since all sessions will be open (first come, first seated). \* **REGISTRATION IN HOTEL LOBBY FROM 8AM -4PM WEDNESDAY & THURSDAY\***

Wednesday	10:00 a.m. -	11:30 a.m.	Plenary session / Keynote
Wednesday	1:00 p.m. -	2:30 p.m.	Workshop Number: _____
Wednesday	2:45 p.m. -	4:15 p.m.	Workshop Number: _____
Thursday	8:30 a.m. -	10:00 a.m.	Workshop Number: _____
Thursday	10:15 a.m. -	11:45 a.m.	Workshop Number: _____
Luncheon	12:00 p.m. -	2:00 p.m.	
Thursday	2:15 p.m. -	3:45 p.m.	Workshop Number: _____

**CANCELLATIONS:** To receive a refund of registration fees a written notice must be received no later than the closed of business day October 15, 2004. A \$25.00 processing fee will be charged. **Cancellations received after October 16, 2004 will not be refunded and/or will be billed for amounts due.**

**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. Check, money order or PO numbers must accompany all agency registrations.

**MAKE CHECK OR MONEY ORDER PAYABLE TO: OHIO WELFARE CONFERENCE**  
**MAIL TO:** Debbie Stokes, Treasurer  
 Ohio Welfare Conference  
 1255 North Hamilton Road Suite 198  
 Gahanna, Ohio 43230

**HOTEL RESERVATIONS:** You are responsible for making your own reservations and payment arrangements. PO numbers will be needed for agency direct billing.