



# OPFMA Annual Conference and Trade Show

October 22<sup>nd</sup> and 23<sup>rd</sup>, 2012

Columbus Crowne Plaza North Hotel

6500 Doubletree Avenue

Columbus, OH 43229

## Attendee Registration Form

**Early-Bird Registration Deadline – August 31<sup>st</sup> (to enter Special Early Bird Raffle)**

**Final Deadline – October 8<sup>th</sup> 2012**

**IMPORTANT:** Complete all required info for each registered attendee. **Fax, E-mail or Mail your registration right away** rather than waiting for the PO and submit the PO as soon as you receive it.

● **Make Room Reservation as early as possible to benefit from the special rate** – there is a limited number of rooms at OPFMAs Special Rate and are available on first come/first serve basis. **NO special rate offered after October 1<sup>st</sup>.**

Facility Name \_\_\_\_\_

Attendee Name \_\_\_\_\_ Job Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

**\*Attention: For Group OPFMA Members Registration the above info must be completed for each employee individually**

### OPFMA Members – Registration Fee:

- Single OPFMA Member ..... \$295
- 3-4 Attendees (Same Facility OPFMA Member) ..... \$275 ea X \_\_\_\_ Attendees = Total \$ \_\_\_\_\_
- 5-9 Attendees (Same Facility OPFMA Member) ..... \$250 ea X \_\_\_\_ Attendees = Total \$ \_\_\_\_\_
- 10+ Attendees (Same Facility OPFMA Member) ..... \$225 ea X \_\_\_\_ Attendees = Total \$ \_\_\_\_\_
- One Day Registration ..... \$200 ea X \_\_\_\_ Attendees = Total \$ \_\_\_\_\_

### Non-Members – Registration Fee:

- Non-Member – Conference Fee ..... \$350 ea X \_\_\_\_ Attendees = Total \$ \_\_\_\_\_
- Non-Member - One Day Registration ..... \$250 ea X \_\_\_\_ Attendees = Total \$ \_\_\_\_\_

**Meals will be ordered based on your selection** – please check **only the meals you are planning** to attend:

- Day-1 Lunch
- Day-1 Dinner
- Day-2 Breakfast
- Day -2 Lunch
- Spouse DINNER \_\_\_\_\_ \$35

Overall Total Fee: \$ \_\_\_\_\_  Included  Provide Purchase Order Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Make check payable to OPFMA**

Mail it to: **OPFMA, P.O. Box 835, Cleveland, Ohio 44070**

**FAX** the Registration Form to: **(440) 716-8519**

**E-mail** the Registration Form as a PDF to: [office@opfma.org](mailto:office@opfma.org)

**Attention:** There is a **\$100.00** cancellation fee and there are **no cancellation** refunds after October 8th.