OHIO LIBRARY COUNCIL - 2018 TRUSTEE DINNERS

REGISTRATION FORM

Use one form per registrant. Make copies for additional registrants.

| Name | ID # |
|--|---|
| Library/Institution | |
| Address | |
| City, State Zip | |
| Daytime Telephone | |
| E-Mail | |
| □ Special dietary needs. Explain: | |
| EVENT SITES [please check the box next to dinner you plan to attend] | |
| ☐ Central Ohio : Thursday, March 15; Crowne Plaza North, Columbus | |
| ☐ Southern Ohio: Thursday, March 22; Chillicothe Ross County Public | c Library (Annex) |
| □ Southwest Ohio: Thursday, April 5; Roberts Centre, Wilmington | |
| □ Eastern Ohio: Thursday, April 19; Guernsey Co. Dist. Public Library | , Cambridge (Crossroads) |
| □ Northern Ohio: Thursday, April 26; Comfort Inn & Suites Banquet C | enter at Galaxy, Wadsworth |
| ☐ Northwest Ohio : Thursday, May 3; BGSU Student Union, Bowling C | Green |
| | |
| REGISTRATION FEE: \$40 per person | OFFICE USE ONLY |
| | OFFICE USE ONLY |
| | Batch #: |
| PAYMENT INFORMATION | Batch #: |
| PAYMENT INFORMATION ☐ Check Enclosed: Please make payable to Ohio Library Council | Batch #: Reg. #: Ck or CC Ref. #: |
| | Batch #: |
| ☐ Check Enclosed: Please make payable to Ohio Library Council | Batch #: Reg. #: Ck or CC Ref. #: Amt. Rec.: |
| ☐ Check Enclosed: Please make payable to Ohio Library Council☐ Credit Card: Visa Mastercard AmEx | Batch #: Reg. #: Ck or CC Ref. #: Amt. Rec.: |
| ☐ Check Enclosed: Please make payable to Ohio Library Council ☐ Credit Card: Visa Mastercard AmEx Card #: 3 or 4 digit security c | Batch #: Reg. #: Ck or CC Ref. #: Amt. Rec.: |
| ☐ Check Enclosed: Please make payable to Ohio Library Council ☐ Credit Card: Visa Mastercard AmEx Card #: 3 or 4 digit security c Exp. Date Signature | Batch #: Reg. #: Ck or CC Ref. #: Amt. Rec.: |
| ☐ Check Enclosed: Please make payable to Ohio Library Council ☐ Credit Card: Visa Mastercard AmEx Card #: 3 or 4 digit security council Exp. Date Signature Credit Card Billing Address (if different than above): | Batch #: Reg. #: Ck or CC Ref. #: Amt. Rec.: |

Mail completed form to: Ohio Library Council, 1105 Schrock Rd., Ste. 440, Columbus, OH 43229-1167, fax to (614) 410-8098, or scan and attach to an e-mail to dkise@olc.org. To avoid double billing, please do not follow faxed credit card registration or online registration with paper registration.