

OHIO LIBRARY COUNCIL - 2016 TRUSTEE DINNERS

REGISTRATION FORM

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

Please print all information.

Name _____

Library/Institution _____

Address _____

City, State Zip _____

Daytime Telephone _____

E-Mail _____

Special dietary needs. Explain: _____

DINNER SITES [please check the box next to dinner you plan to attend]

- Northeast Ohio:** Tues., March 22, Kent State University Student Center, Kent
- Southwest Ohio:** Tues., April 5, Roberts Centre, Wilmington
- Northwest Ohio:** Thurs., April 14, Radisson Hotel - University of Toledo, Toledo
- Central Ohio:** Thurs., April 21, Holiday Inn, Worthington
- Northern Ohio:** Tues., April 26, Holiday Inn – Cleveland South, Independence
- Eastern Ohio:** Tues., May 3, Guernsey Co. Dist. Public Library, Crossroads Branch

REGISTRATION FEE: \$40 per person

PAYMENT INFORMATION

Check Enclosed: Payable to Ohio Library Council

Credit Card: ___ Visa ___ Mastercard ___ AmEx

Card #: _____ 3 or 4 digit security code: _____

Exp. Date _____ Signature _____

Credit Card Billing Address (if different than above):

Purchase Order: # _____

OFFICE USE ONLY

Batch #: _____

Reg. #: _____

Ck or CC Ref. #: _____

Amt. Rec.: _____

Mail completed form to: **Ohio Library Council, 1105 Schrock Rd., Ste. 440, Columbus, OH 43229-1167**, or fax to **(614) 410-8098**. To avoid double billing, please do not follow faxed credit card registration or online registration with paper registration.