Registration Form

INSTRUCTIONS:

- 1. Please use one form per person. Make copies for additional participants.
- 2. Please type or print all information.
- If you would like to become an OLC individual member and take advantage of the member rate for the Chapter Conferences, complete the Membership Application on page 2 and return it with your registration form.
- 4. Please refer to "Registration Guidelines" on page 2 to see OLC's cancellation policy.

Mail the completed registration form to Ohio Library Council, 1105 Schrock Road, Suite 440, Columbus, OH 43229 or fax it to (614) 410-8098 with complete credit card information. Online registration is also available by visiting our website at www. olc.org. To avoid double billing do not follow a faxed credit card registration or an online registration with paper registration.

separate sheet of paper and enclose it with your

registration.

INFORMATION:						
5. Name:						
Membership #:				Business Phone:		
Library/Institution:						
Address:				City/State/Zip:		
E-mail:						
REGISTRATION TY	PE: (Check all t	that apply)				
6. OLC Individual Memb	er Non-M	ember 🔲 Speaker –	Program Title			
FEES:						
7. Registration Fees: (See I	Number 4 of Rea	istration Guidelines) Fr	nter the appropria	e amount on the	line of each event vo	ou will attend
7g	Member	Non-Member	Student	Speaker	01 040.11 070.111 70	, a , , , , , , , , , , , , , , , , , ,
Chapter Conference	\$90.00	\$145.00	\$50.00	\$0.00		NERS WILL BE HELD THE
Trustee Dinner	\$40.00	\$40.00	\$40.00	N/A	NIGHT BEFOR	E THE CHAPTER CONFERENCE)
Event Date		Chapter Conference		Trustee Dinner		Amount Due
March 23 – Northeast Chapter		\$		\$		\$
April 6- Southwest Chapter		\$		\$		\$
April 15 – Northwest Chapter		\$		\$		\$
April 22 – Central/Southeast Chapters		\$		\$		\$
April 27 – North Chapter		\$		\$		\$
May 3 – Eastern Ohio (dinner only)		N/A		\$		\$
				Total Amo	ount Due	\$
Vegetarian lunch requ	uired Spec	ial dietary requirements	s Please explain			
PAYMENT OPTION	S:					Check here if
8. Check made payable to 0	OLC enclosed:	OR			(you require special
Please charge to:	∕isa ☐ Maste	erCard	Express or [Purchase Order		accommodations to fully participate in the
Card/P.O. Number:				Expiration:		Chapter Conference.
Authorized Signature:						Please describe your needs in writing on a

OLC Individual Membership Application on the reverse side of this Registration Form.