



Preregistration Form

2010 OSBA Capital Conference

Nov. 7, 8, 9 & 10 — Columbus, Ohio

School district _____ County _____

Address _____

City _____ ZIP _____

Contact person _____ Daytime phone _____

E-mail (required to receive housing link and code) _____

Check here if any registrants have a disability that requires special services. Attach a written description of needs.

<p>1. Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Name of attending spouse _____</p> <p>Other district, if applicable _____</p>	<p style="text-align: center;">Additional fee</p> <p>Early Bird Workshop _____</p> <p>OSBA Black Caucus dinner Sun., Nov. 7 _____</p> <p>Conference luncheon Mon., Nov. 8 _____</p> <p>Conference luncheon Tue., Nov. 9 _____</p>
<p>2. Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Name of attending spouse _____</p> <p>Other district, if applicable _____</p>	<p style="text-align: center;">Additional fee</p> <p>Early Bird Workshop _____</p> <p>OSBA Black Caucus dinner Sun., Nov. 7 _____</p> <p>Conference luncheon Mon., Nov. 8 _____</p> <p>Conference luncheon Tue., Nov. 9 _____</p>
<p>3. Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Name of attending spouse _____</p> <p>Other district, if applicable _____</p>	<p style="text-align: center;">Additional fee</p> <p>Early Bird Workshop _____</p> <p>OSBA Black Caucus dinner Sun., Nov. 7 _____</p> <p>Conference luncheon Mon., Nov. 8 _____</p> <p>Conference luncheon Tue., Nov. 9 _____</p>
<p>4. Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Name of attending spouse _____</p> <p>Other district, if applicable _____</p>	<p style="text-align: center;">Additional fee</p> <p>Early Bird Workshop _____</p> <p>OSBA Black Caucus dinner Sun., Nov. 7 _____</p> <p>Conference luncheon Mon., Nov. 8 _____</p> <p>Conference luncheon Tue., Nov. 9 _____</p>
<p>5. Name _____</p> <p>Title _____</p> <p>Address _____</p> <p>Name of attending spouse _____</p> <p>Other district, if applicable _____</p>	<p style="text-align: center;">Additional fee</p> <p>Early Bird Workshop _____</p> <p>OSBA Black Caucus dinner Sun., Nov. 7 _____</p> <p>Conference luncheon Mon., Nov. 8 _____</p> <p>Conference luncheon Tue., Nov. 9 _____</p>

6. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 7 _____ Conference luncheon Mon., Nov. 8 _____ Conference luncheon Tue., Nov. 9 _____
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7. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 7 _____ Conference luncheon Mon., Nov. 8 _____ Conference luncheon Tue., Nov. 9 _____
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8. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 7 _____ Conference luncheon Mon., Nov. 8 _____ Conference luncheon Tue., Nov. 9 _____
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9. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 7 _____ Conference luncheon Mon., Nov. 8 _____ Conference luncheon Tue., Nov. 9 _____
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10. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 7 _____ Conference luncheon Mon., Nov. 8 _____ Conference luncheon Tue., Nov. 9 _____
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PLEASE COMPLETE BEFORE MAILING

	Number	Amount
<input type="checkbox"/> OSBA member districts, 1-6 registrations — \$225 each	_____	\$ _____
<input type="checkbox"/> OSBA member districts, more than 6 registrations — \$1,350 flat fee	_____	\$ _____
<input type="checkbox"/> OCSBA member — \$225 each	_____	\$ _____
<input type="checkbox"/> Students, sustaining members and government employees — \$50 each	_____	\$ _____
<input type="checkbox"/> Retired administrators — \$50 (not currently affiliated with public schools)	_____	\$ _____
<input type="checkbox"/> Non-school district registrations — \$450 each	_____	\$ _____
<input type="checkbox"/> Spouses — no charge	_____	Comp.
<input type="checkbox"/> Early Bird Workshop: Alan November — \$75	_____	\$ _____
<input type="checkbox"/> OSBA Black Caucus dinner: Rep. Marcia L. Fudge (D-Shaker Heights) (Sunday, Nov. 7) — \$60	_____	\$ _____
<input type="checkbox"/> Conference luncheon: Vince Lombardi Jr. (Monday, Nov. 8) — \$50	_____	\$ _____
<input type="checkbox"/> Conference luncheon: Mallory Holtman & Sara Tucholsky (Tuesday, Nov. 9) — \$50	_____	\$ _____

Please mail with check payable to: Ohio School Boards Association, 8050 N. High St., Ste. 100, Columbus, OH 43235-6481; or fax with purchase order to (614) 540-3299.

Total Remittance \$