



# Preregistration Form

## 2007 OSBA Capital Conference

### Nov. 11, 12, 13, 14 — 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.

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|--|---|
| 1. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br><br>Pre-con workshop _____<br>Conference luncheon<br>Mon., Nov. 12 _____<br>Conference luncheon<br>Tue., Nov. 13 _____ |
| 2. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br><br>Pre-con workshop _____<br>Conference luncheon<br>Mon., Nov. 12 _____<br>Conference luncheon<br>Tue., Nov. 13 _____ |
| 3. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br><br>Pre-con workshop _____<br>Conference luncheon<br>Mon., Nov. 12 _____<br>Conference luncheon<br>Tue., Nov. 13 _____ |
| 4. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br><br>Pre-con workshop _____<br>Conference luncheon<br>Mon., Nov. 12 _____<br>Conference luncheon<br>Tue., Nov. 13 _____ |
| 5. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br><br>Pre-con workshop _____<br>Conference luncheon<br>Mon., Nov. 12 _____<br>Conference luncheon<br>Tue., Nov. 13 _____ |

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| 6. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br>Pre-con workshop _____<br>Conference luncheon _____<br>Mon., Nov. 12 _____<br>Conference luncheon _____<br>Tue., Nov. 13 _____ |
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| 7. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br>Pre-con workshop _____<br>Conference luncheon _____<br>Mon., Nov. 12 _____<br>Conference luncheon _____<br>Tue., Nov. 13 _____ |
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| 8. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br>Pre-con workshop _____<br>Conference luncheon _____<br>Mon., Nov. 12 _____<br>Conference luncheon _____<br>Tue., Nov. 13 _____ |
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| 9. Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br>Pre-con workshop _____<br>Conference luncheon _____<br>Mon., Nov. 12 _____<br>Conference luncheon _____<br>Tue., Nov. 13 _____ |
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|  |   |
|--|---|
| 10 Name _____<br>Title _____<br>Address _____<br>E-mail address _____<br>Name of attending spouse _____<br>Other district, if applicable _____ | <b>Additional fee</b><br>Pre-con workshop _____<br>Conference luncheon _____<br>Mon., Nov. 12 _____<br>Conference luncheon _____<br>Tue., Nov. 13 _____ |
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**PLEASE COMPLETE BEFORE MAILING**

|  | Number | Amount   |
|--|--------|----------|
| OSBA member districts, 1-5 registrations — \$225 each .....                        | _____  | \$ _____ |
| OSBA member districts, more than 5 registrations — \$1,300 flat fee .....          | _____  | \$ _____ |
| OCSBA member — \$225 each .....  | _____  | \$ _____ |
| Students, sustaining members and government employees — \$50 each .....            | _____  | \$ _____ |
| Retired administrators — \$50 (not currently affiliated with public schools) ..... | _____  | \$ _____ |
| Non-member registrations — \$450 each . .....                                      | _____  | \$ _____ |
| Spouses — no charge .....  | _____  | Comp.    |
| Pre-conference workshop — \$65 .....   | _____  | \$ _____ |
| Conference luncheon (Monday, Nov. 12) — \$45 .....                                 | _____  | \$ _____ |
| Conference luncheon (Tuesday, Nov. 13) — \$45 .....                                | _____  | \$ _____ |

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**

|    |
|----|
| \$ |
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