



Preregistration Form

2013 OSBA Capital Conference

Nov. 10, 11, 12 & 13 — Columbus, Ohio

School district _____ County _____

Address _____

City _____

ZIP _____

Contact person _____ Daytime phone _____

Email (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.

1. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
2. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
3. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
4. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
5. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____

6. Name _____ Title _____ Address _____ Name of attending spouse _____ Other district, if applicable _____	Additional fee Early Bird Workshop _____ OSBA Black Caucus dinner Sun., Nov. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
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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. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
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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. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
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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. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
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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. 10 _____ Conference luncheon Mon., Nov. 11 _____ Conference luncheon Tue., Nov. 12 _____
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PLEASE COMPLETE BEFORE MAILING

	Number	Amount
<input type="checkbox"/> OSBA member districts, 1-6 registrations — \$275 each	_____	\$ _____
<input type="checkbox"/> OSBA member districts, more than 6 registrations — \$1,650 flat fee	_____	\$ _____
<input type="checkbox"/> OCSBA member — \$275 each	_____	\$ _____
<input type="checkbox"/> Students, sustaining members and government employees — \$60 each	_____	\$ _____
<input type="checkbox"/> Retired administrators — \$60 (not currently affiliated with public schools)	_____	\$ _____
<input type="checkbox"/> Non-school district registrations — \$550 each	_____	\$ _____
<input type="checkbox"/> Spouses — conference registration at no charge.....	_____	Comp.
<input type="checkbox"/> Early Bird Workshop: Jim Bearden (Sunday, Nov. 10) — \$90.....	_____	\$ _____
<input type="checkbox"/> OSBA Black Caucus dinner: Rep. Kevin Boyce (Sunday, Nov. 10) — \$70	_____	\$ _____
<input type="checkbox"/> Conference luncheon: Emily Bazelon (Monday, Nov. 11) — \$55.....	_____	\$ _____
<input type="checkbox"/> Conference luncheon: Roger Crawford (Tuesday, Nov. 12) — \$55	_____	\$ _____

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

\$ _____
