

Southeast Region Fall Conference

Thursday, Sept. 26

Logan High School, 14470 SR 328, Logan, 43138 • (740) 385-2086

5:30 p.m. Networking

Entertainment

6:15 p.m. Presiding and welcome

*Larry A. Good, Southeast Region
president; board member,
Muskingum Valley ESC*

Dinner

6:55 p.m. OSBA update

*John W. Halkias, OSBA
president; board member, Plain
Local (Stark)*

OSBA comments

Legislative update

**7:35 p.m. Annual business meeting and
election of 2020 officers**

7:45 p.m. Award presentations

● Recognition of Ohio
Department of Education
Purple Star Award schools

● Presentation of Southeast
Region President's Award

● Southeast Region's Advocate
of Education award

*Recipient: Dr. Barbara A.
Hansen, Dave Longaberger
professor of teaching and learning
and distinguished professor of
education—research adviser,
Muskingum University; and
board member, Muskingum
Valley ESC*

● Outstanding school board
member awards

● Annual Southeast Region
recognition awards

8:30 p.m. Adjourn

Award of Achievement

This conference entitles board members to five
Award of Achievement credits.

Authority for reimbursement

Ohio Revised Code Section 3315.15 authorizes the
establishment of a service fund for board members.
The fund can be used for expenses incurred at a
meeting such as this.

Reservations

The cost to attend is \$38 each for OSBA members, guests and spouses, which covers the cost of the meal. You may make your reservation online at <http://links.ohioschoolboards.org/sefall2019> and pay by credit card, check or be invoiced after the conference when you provide a purchase order number. You also can email your reservation with a purchase order number to **Melanie Price** at mprice@ohioschoolboards.org. **Please make checks payable to Ohio School Boards Association and send the reservation form to Melanie Price**, senior administrative assistant of communication services, Ohio School Boards Association, 8050 N. High St., Ste. 100, Columbus, OH 43235. Deadline for reservations is Friday, Sept. 20. Please include payment with reservation. Please note special dietary considerations. Individuals who cancel at least three workdays before the day of the meeting may request a full refund. All others will be charged the full fee.

Enclosed is a check for \$ _____ to cover _____ reservations.

District/county _____

Name, title _____

Name, title _____

Name, title _____



_____ Check here if you require special accommodations. Attach a written description of needs.
(Please photocopy this form for additional registrations.)