



# OAMCCC FALL CONFERENCE

## OCTOBER 5-7, 2022

### REGISTRATION FORM

**NEW CLERK of COURT in 2021? (YES / NO) \_\_\_\_\_**

**Please Indicate the Number of Persons Attending:**

- |               |   |           |
|---------------|---|-----------|
| <u>      </u> | MEMBERS OF OAMCCC   | \$ 250.00 |
|               | This is a <b>Per Person Fee</b> and includes all three (3) days of Education <b>and</b> Wednesday and Thursday lunch  |           |
| <u>      </u> | MEMBERS OF OAMCCC   | \$ 100.00 |
|               | This is a <b>Per Day Fee</b> for those who <b>cannot</b> attend all three days of the Conference. <b>Please circle the day/s you will be attending.</b> NOTE: Includes lunches scheduled for the day/s you will be attending. <b>WED THU FRI</b>  |           |
| <u>      </u> | NON-MEMBERS OF OAMCCC   | \$ 400.00 |
|               | This is a <b>Per Person Fee</b> and includes all three days of Education <b>and</b> Wednesday and Thursday lunch  |           |
| <u>      </u> | NON-MEMBERS OF OAMCCC   | \$ 200.00 |
|               | This is a <b>Per Day Fee</b> for those who <b>cannot</b> attend all three days of the Conference. <b>Please circle the day(s) you will be attending.</b> NOTE: Includes lunches scheduled for the day/s you will be attending. <b>WED THU FRI</b> |           |

**TOTAL DUE**.....\$ \_\_\_\_\_

**COURT NAME:** \_\_\_\_\_

**ATTENDEE NAME(S) AND LUNCH RESERVATIONS: (attach additional sheet if necessary)**

NAME(S):	EMAIL:	<b>✓ WHICH MEALS YOU WILL PARTICIPATE IN</b>
_____	_____	Wed Lunch ___ Thurs Lunch ___
_____	_____	Wed Lunch ___ Thurs Lunch ___
_____	_____	Wed Lunch ___ Thurs Lunch ___
_____	_____	Wed Lunch ___ Thurs Lunch ___

**PLEASE COMPLETE THIS FORM & E-MAIL OR FAX, ON OR BEFORE **WEDNESDAY, SEPT 21, 2022.** WE NEED THIS INFORMATION AHEAD OF TIME FOR SCHEDULING PURPOSES WITH OUR VENUE. PLEASE EMAIL OR FAX THIS FORM PRIOR TO SENDING YOUR CHECK.**

**PAYMENT DUE DATE: **MONDAY, Oct 11, 2021****

**PLEASE MAKE CHECKS PAYABLE TO: "OAMCCC"**

Mail to: OAMCCC – Marianne Collins  
c/o Association Strategies, Inc  
5028 Postlewaite Rd  
Columbus, OH 43235

email : [mcollins@associationstrategiesinc.com](mailto:mcollins@associationstrategiesinc.com)  
Phone: (614) 440-9229  
Fax: (614) 675-9895

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**