



OAMCCC FALL CONFERENCE

OCTOBER 4-6, 2023

Nationwide Hotel and Conference Center
100 Green Meadows Dr S Lewis Center, OH

New Clerk in 2023?
Yes or No

REGISTRATION FORM

Please Indicate the Number of Persons Attending:

_____ MEMBERS OF OAMCCC \$ 250.00
This is a **Per Person Fee** and includes all three (3) days of Education **and** Wednesday and Thursday lunch

_____ MEMBERS OF OAMCCC \$ 100.00
This is a **Per Day Fee** for those who **cannot** attend all three days of the Conference. **Please circle the day/s you will be attending.** NOTE: Includes lunches scheduled for the day/s you will be attending. **WED THU FRI**

_____ NON-MEMBERS OF OAMCCC \$ 400.00
This is a **Per Person Fee** and includes all three days of Education **and** Wednesday and Thursday lunch

_____ NON-MEMBERS OF OAMCCC \$ 200.00
This is a **Per Day Fee** for those who **cannot** attend all three days of the Conference. **Please circle the day(s) you will be attending.** NOTE: Includes lunches scheduled for the day/s you will be attending. **WED THU FRI**

TOTAL DUE.....\$ _____

COURT NAME: _____

NEW CLERK of COURT in 2022? (YES / NO) _____

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

NAME(S):	EMAIL:	✓ WHICH MEALS YOU WILL PARTICIPATE IN
_____	_____	Wed Lunch ____ Thurs Lunch ____
_____	_____	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 20, 2023. 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, SEPT 25, 2023**

PLEASE MAKE CHECKS PAYABLE TO: "OAMCCC"

Mail to: OAMCCC
c/o Marianne Collins
270 Bryn Du Dr
Granville, OH 43023

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

TOTAL AMOUNT ENCLOSED: \$ _____