OAMCCC
FALL CONFERENCE
OCTOBER 7-9, 2026
OHIOAN HOTEL AND CONFERENCE CENTER
100 Green Meadows Dr S, Lewis Center, OH 43035

VENDOR REGISTRATION FORM (fillable)

Conference Registration Fees: $350.00 (OAMCCC Members)
$500.00 (Non-Members)

Fee includes 2 participants per company, one 6 foot table for display, meals, and all scheduled events.

BUSINESS NAME: _____

ATTENDEE NAME(S): _____ EMAIL: _____ CHECK WHICH MEALS YOU WILL PARTICIPATE IN
☐ Wed Lunch
☐ Thurs Lunch

_____ _____
☐ Wed Lunch
☐ Thurs Lunch

Contact person: _____ Contact email: _____

$ _____ Conference Registration Fees ($350 for Members **or** $500 for Non-Members

$ _____ 2026 Membership Dues ($250) if applicable. Please complete the **2026 Vendor/ Affiliate Membership Form if you are not already a member & wish to be. Contact Marianne at the 614-440-9229 if you are not sure if you are a member.**

$ _____ Sponsorship Amount – Please complete the **Sponsorship Form** (page 2) if you wish to be a sponsor.

$ _____ **Total Amount Enclosed**

Note: Registrations should be emailed/faxed prior to sending payment

EMail or Fax all applicable forms to: Marianne Collins
email: mcollins@associationstrategiesinc.com
fax: 614-675-9895

Checks payable to OAMCCC to be mailed to: OAMCCC c/o Marianne Collins
270 Bryn Du Dr
Granville, OH 43023

Questions: Contact Greg Brush 513-946-5621

Payment must be received by Monday, September 21, 2026.
No refunds will be issued after Friday, September 25, 2026.
Fee does not include overnight accommodations, parking (if applicable) or audio visual services.
The hotel link for room reservations and other information is available by visiting: https://oamccc.org/news/events/

OAMCCC

2026 VENDOR / AFFILIATE MEMBERSHIP FORM

2026 CALENDAR YEAR DUES FOR VENDOR/AFFILIATE MEMBERS

Any individual, business, or organization: $250

BUSINESS NAME:

CONTACT PERSON:

MAILING ADDRESS:

PHONE: ( ) FAX: ( )

CONTACT EMAIL:

MEMBER NAMES AND TITLES

(Please list all employees you wish to include for membership)

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

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SPONSORSHIP FORM

The following is the contact person for this commitment from vendor / sponsor:

BUSINESS NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

_____

PHONE: (____) _____ FAX: (____) _____

CONTACT EMAIL: _____

We would like to sponsor the following OAMCCC event: (Please write-in your amount)

$ _____ Morning Snack on Wednesday, October 7, 2026 ..... $ 600

$ _____ Lunch on Wednesday, October 7, 2026 ..... $ 2,500

_____ Afternoon Snack on Wednesday, October 7, 2026..... $ 600

$ _____ Morning Snack on Thursday, October 8, 2026..... $ 600

$ _____ Lunch on Thursday, October 8, 2026 ..... $ 2,500

_____ Afternoon Snack on Thursday, October 8, 2026 ..... $ 600

$ Capital Recovery Hospitality on Wednesday, October 7, 2026

$ _____ Other: _____

Sponsors will be given an opportunity to speak.

Lunches - Sponsors may underwrite the entire lunch cost or share the cost with other vendors.

Snacks - There may be more than one sponsor for the Snacks

Please submit this form with your OAMCCC Conference Registration Form.

Thank you for being a part of the OAMCCC Conference!

Greg Brush, Hamilton County Court
(513) 946-5621