

# OADE 2008 Registration Form

25<sup>th</sup> Annual Fall Conference

## Getting to Know the Stars of OADE

October 15 – 17, 2008

Shawnee State Park Lodge

4404 State Route 125

Portsmouth, OH

Registration Questions? Contact [kbuttermore@walsh.edu](mailto:kbuttermore@walsh.edu)

### Office use only:

Postmarked: \_\_\_\_\_

Check #: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check amt.: \_\_\_\_\_

Payor: \_\_\_\_\_

Confirmed: \_\_\_\_\_

**STEP ONE:** Provide Registrant Information (Please print. Use one form per registrant.)

**For Name Tag:** First Name: \_\_\_\_\_ **Institution:** \_\_\_\_\_

**First-Time Attendee?** \_\_\_\_\_ YES \_\_\_\_\_ NO **Presenter?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Moderator?** \_\_\_\_\_ YES \_\_\_\_\_ NO **Registration Table?** \_\_\_\_\_ YES \_\_\_\_\_ NO

Full Name: \_\_\_\_\_ ( ) Dr. ( ) Prof. ( ) Mr. ( ) Ms. ( ) Mrs.

Title: \_\_\_\_\_

Which mailing address will you be providing below? \_\_\_\_\_ Work \_\_\_\_\_ Home

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(Please use 0 for zero and a capital L for both upper and lower case L.)

**STEP TWO:** Identify Special Needs by the off-site deadline of Oct. 3, 2008. Participants needing special assistance because of physical disabilities are encouraged to register by Oct. 3, 2008.

Nature of Need: \_\_\_\_\_

**STEP THREE:** Register for the Conference (Select only **one** category.)

Registration Categories (select one)	Postmark or Fax by Oct. 3	Mail or Fax after date or On-Site	
		Oct. 4	Amount
<b>TWO DAY REGISTRATION (A – E)</b>			
A. Registration plus new/renewed Individual Membership	\$216.70	\$230.00	_____
B. Registration plus new/renewed Institutional Membership	\$211.70	\$225.00	_____
C. Registration plus new/renewed Adjunct Or Part-time or Affiliate Membership	\$175.00	\$200.00	_____
D. Registration plus new/renewed Student Membership	\$125.00	\$150.00	_____
E. Registration plus new/renewed Past President Membership	\$100.00	\$100.00	_____
F. Registration plus new/renewed Membership, <b>Single Day attendance</b>	\$105.00	\$135.00	_____
Which day? _____			

Registration Categories (select one)	Postmark/Fax or Fax by Oct. 3	Mail or Fax after date or On-Site Oct. 4	Amount
G. Registration only Conference Visitor Single Day attendance Which day? _____	\$50.00	\$75.00	_____
2 day attendance Mark one of these for G. <b>(Visitor includes adult friend or family member)</b>	\$90.00	\$100.00	_____
H. Registration only Conference <b>Child or Children</b> Single Day attendance Which day? _____	\$25.00	\$45.00	_____
2 Day attendance	\$50.00	\$75.00	_____
SUBTOTAL A:		\$	_____

**Step Four**-Shirt Size (please circle) Sm. Med. Lg. X-Lg. 1-X 2-X 3-X

**Step Five:** Dietary Restrictions for yourself or your visitor or child? Please explain:

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**Step Six:** Calculate and Submit Payment. **(Payment must accompany this form.)**

Note: OADE does not accept purchase orders and will not register individuals or reserve tickets for individuals until payment is received.

\_\_\_\_\_ Check (**circle one:** institutional or personal)

Subtotal A \_\_\_\_\_ = Total Due \_\_\_\_\_

\_\_\_\_\_ Master Card, Visa, or Discover Card (**circle one:** institutional or personal)

Subtotal A \_\_\_\_\_ = Total Due \_\_\_\_\_

Cardholder's name as it appears on the card: \_\_\_\_\_

16-digit Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date on Card: Month: \_\_\_\_\_ Year: \_\_\_\_\_ 3-Digit Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Send your completed registration form and payment to:

Kathleen Buttermore  
Walsh University  
2020 East Maple Street  
North Canton, OH 44720

Address registration questions  
to 330-490-7233 or  
kbuttermore@walsh.edu  
Fax: 330-490-7272