



OHIO REHABILITATION ASSOCIATION ANNUAL CONFERENCE
"ENHANCING YOUR TOOLBOX FOR SUCCESS"
COLUMBUS, OHIO ~ OCTOBER 21-23, 2009

REGISTRATION FORM ~ PLEASE PRINT CLEARLY AND RETURN WITH YOUR PAYMENT TO ORA

Name _____ Employer _____

Mailing Address _____ Work Phone # _____

City, State, Zip _____ Other Phone # _____

Email Address _____ NRA Member # _____

SPECIAL NEEDS: Electronic Program Book Large Print Braille Interpreter
Deadline 09/12/09 Accessible Transportation Other (Please Describe) _____
 Dietary Restrictions (Please Describe) _____

CERTIFICATIONS: (Check all that apply) **OHIO:** LSW/LISW PC/PCC MR/DD (Adult Services) ODADAS RN
 Certificate of Attendance (does not include hours) **NATIONAL:** ABVE CCM CDMS CRC CVE

REGISTRATION FEES AND MEAL OPTIONS

MEAL OPTIONS: THURSDAY~ MEMBERSHIP MEETING BOX LUNCH AND FRIDAY ~ AWARDS LUNCHEON
Please indicate if you are attending for accurate meal planning including any dietary restrictions above ~ Deadline 10/10/09

	FULL REGISTRATION*		THURSDAY REGISTRATION ONLY		FRIDAY REGISTRATION ONLY	
	Before 9/12/09	After 9/12/09	Before 9/12/09	After 9/12/09	Before 9/12/09	After 9/12/09
Member**	<input type="checkbox"/> \$230	<input type="checkbox"/> \$310	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Non-Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$450	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230
Consumer/Student***	<input type="checkbox"/> \$130	<input type="checkbox"/> \$180	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$125
Student Non-Member	<input type="checkbox"/> \$180	<input type="checkbox"/> \$230	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Awards Luncheon	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No \$30/person	
Membership Box Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No \$8/person		<input type="checkbox"/> Yes <input type="checkbox"/> No \$8/person		Not Applicable	
Guest Registration	Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No \$8/person		<input type="checkbox"/> Yes <input type="checkbox"/> No \$30/person	
TOTAL DUE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

* **FULL REGISTRATION INCLUDES:** Wednesday Pre-Conference, Thursday and Friday (includes Awards Luncheon). **BOX LUNCH ADDITIONAL FEE.**
****MEMBER RATE** requires NRA active membership when registration form is received. For NRA membership number, contact ORA at ora@bex.net.
*****A CONSUMER** is a person with a disability not employed in the rehabilitation field. **STUDENT MEMBER** based on status and academic term.
NOTE: GUESTS include any non-conference registered person in attendance and must pay for meals.

RECEIPT (check only ONE): Payment-Only Receipt ~ OR ~ Payment & Attendance Receipt ~ OR ~ Not Applicable

PAYMENT ARRANGEMENTS

Check (payable to **ORA**) Direct Bill: RSC Ohio Legal Rights Services Franklin County MR/DD
Credit Card: MC VISA Other Billing - contact John Sterba via email at: JOHNSTERBA@EARTHLINK.NET
Credit Card #: _____ Exp. Date _____ 3 Digit Security Code _____ (on back of credit card)
Name as it appears on Credit Card: _____ Zip Code of Billing Address: _____
Signature: _____

TOTAL DUE:

I have completed the above form to the best of my ability and understand the terms and conditions as outlined on page two. _____
Signature of Conference Attendee

RETURN COMPLETED REGISTRATION FORM WITH PAYMENT TO:
NANCY VANDER WOUDE, REGISTRATION COMMITTEE, 10600 SPRINGFIELD PIKE, CINCINNATI, OH 45215
FAX: (513) 612-5983; PHONE: (513) 771-4800 EXT. 6226; EMAIL: NVANDERWOUDE@CINCIGOODWILL.ORG

TERMS & CONDITIONS ~ REGISTRATION REMINDERS

- ✓ Refund Deadline 10/12/09 ✓ Meals not included for registration postmarked after 10/10/09
- ✓ RSC payment is based on the Early Bird / Member rates. **Conference participant is responsible for the balance.**
- ✓ Conference attendee responsible for Hotel arrangements. Rooms blocked at the Hyatt Regency Columbus. Please call (614) 463-1234 or toll free (800) 233-1234 for reservations. Hotel room rate is \$152 per night (plus applicable taxes) plus \$10 per additional person up to 4 people per room. Parking available for an additional charge. **RESERVATIONS FOR THE GROUP RATE MUST BE MADE BY SEPTEMBER 12, 2009.**

FOR GENERAL INFORMATION AND QUESTIONS, VISIT WWW.OHIOREHAB.ORG ~ OR ~
CONTACT NANCY VANDER WOUDE, REGISTRATION CO-CHAIR VIA EMAIL NVANDERWOUDE@CINCIGOODWILL.ORG