Making Change Work for You

| First Name | | | | | | | | | | | | | | | | | |
|------------------------------|----------------------------------|-------------------|-------|--------|------|------|-----------------------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | |
| Title: | | | | | | | | | | | | | | | | | |
| Orga | anizat | ion: _ | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| E-m | ail Ad | ldress | s: | | | | | | | | | | | | | | |
| Contact Person:Phone Number: | | | | | | | | | | | | | | | | | |
| Date | | | | | | | Registration Deadline | | | | | | | | | | |
| November 27, 2018 | | | | | | | November 21, 2018 | | | | | | | | | | |
| _ | st Con | | | nter | | | | | | | | | | | | | |
| | Pulsa | | | | | | | | | | | | | | | | |
| Colu | mbus, | , OH ² | +3240 | , | | | | | | | | | | | | | |
| Fee | :S | | | | | | | | | | | | | | | | |
| | \$10 | 00 per | perso | on for | OCD. | A Me | mbers | | | | | | | | | | |
| | \$200 per person for Non-Members | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Please fax or email this form to the OCDA office to register.

Make checks payable for registrations to:

Ohio CSEA Directors' Association 1103 Schrock Road, Suite 309 Columbus OH 43229

Phone: 614-846-6652 Fax: 614-846-6693

brittani@ocda.us