HB366 Child Support Guidelines Training

First Name								
Last Name								
Title:								
Organization	ı:							
Address:								
E-mail Addre	ess:							
Contact Pers	Phone Number:							
Select your	training location:							
Date 2/4/19	Location Camden Falls, Tiffin	Time 10:00a	am		Regist 1/30/		Dea	dline
2/11/19	Ross Co Service Center, Chillicoth	ne 9:30am	n	2	2/6/1	9		
2/27/19	Edison State CC, Piqua	10:00a	.m	2	2/22/	19		
3/4/19	OSU Shisler Center, Wooster	1:00pr	m	2	2/27/	19		
3/5/19	Quail Hollow, Painesville	9:30ar	n	2	2/27/	19		
3/15/19	Lima Community Church, Lima	10:00ai	m	3	3/12/	19		
3/18/19	Union Co JFS, Marysville	9:30ar	n	3	3/13/	19		
3/22/19	First United Methodist Church, New Philadelphia	9:30ar	n		3/19/	19		
Fees \$100 :	per person for Non-Members							

Please fax or email this form to the OCDA office to register. An invoice will be emailed to the address listed above.

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

christy@ocda.us