OPRA
Ohio Provider Resource Association

OSCBDD
Ohio Superintendents
of County Boards of DD

2015 Partnership Symposium

ATTENDEE REGISTRATION

TO ENSURE ACCURATE BILLING, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. THANK YOU.

First Name _____ Last Name _____ Title _____

Organization _____

Mailing Address _____ City _____ ST _____ ZIP _____

Phone _____ Email _____

Please describe any special accommodations or meals you require. _____

Fees: $98.00

TOTAL FEES DUE: $_____

Invoice my organization at the address above _____

Paid by attached check # _____

*Please remit this form and check to – OPRA, 1152 Goodale Boulevard, Columbus, OH 43212