

Ohio Chapter of ICES

Day of Sharing

Sunday, September 30, 2018

Registration Form

Ramada Inn Polaris
6767 Schrock Hill Ct, Columbus, OH 43229

Please Print

Name

Are you an ICES member? yes__ no__

Address

City State Zip Ph.()

Email

If you would like to bring guests, please list each name below: (use back of form if necessary)

Table with 3 columns: Name, City, State. Rows for 1. Name, 2. Name, 3. Name.

Do you or your guest(s) have any special dietary requirements?

(Registration Fees must accompany this form)
STANDARD Registration (Postmarked by Sept. 22nd)

Table with 3 columns: Registration Type, Rate, Total. Rows for ICES Members, Non-Members, 'First time' non members.

LATE / ON-SITE Registration
(Postmarked AFTER Sept. 22nd)

Table with 3 columns: Registration Type, Rate, Total. Rows for ICES Members, Non-Members, 'First time' non-members.

Ohio Chapter of ICES Day of Sharing Fee Policy

The Standard Fee applies to all Mail-in registrations POSTMARKED by Saturday, Sept. 22nd. Registrations postmarked after this date are subject to the Late / On-site fees. Once a registration has been received, failure to attend the Day of Sharing may result in forfeiture of registration fees. If a refund is deemed feasible, it will be sent AFTER Day of Sharing. No refunds will be guaranteed. All returned checks are subject to bank penalties. Further participation in Day of Sharing events will be denied to anyone failing to repay the treasury for assessed bank charges.

Make checks payable to: Ohio Chapter of ICES

I am bringing displays to share. How many ?