



CONFERENCE REGISTRATION FORM

SUBMIT ONE FORM FOR EACH PERSON / PAYMENT MAY BE COMBINED

ATTENDEE INFORMATION:

- Commercial/Residential/Tree Company Education/Training/Research/Extension
 Municipal/Urban Forestry/Public Works/Government Utility/Vegetation Management
 Landscaping/Landscape Architecture/Nursery Other _____

Full Name _____ Preferred First Name for Badge _____

Company _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Email (Required for Confirmation) _____

| Registration form must be postmarked, faxed or submitted online to qualify for discounts. | On or Before December 31 | | After December 31 | | Total |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|
| | Member | Non-Member | Member | Non-Member | |
| CONFERENCE PACKAGES | | | | | |
| 3-Day General Admission (Includes Sunday, Monday, Tuesday Sessions, Trade Show, Meal Functions – Select Sunday Workshop(s) below: <input type="checkbox"/> The New Z: Paragraphs to Live By (1-5pm) <input type="checkbox"/> CA Review / Arboriculture 101 <input type="checkbox"/> AM Sessions (8am-12pm) <input type="checkbox"/> PM Sessions (12:30-5pm) <input type="checkbox"/> Study Guide (additional fee-check if needed) | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$375 | |
| 2-Day General Admission Includes Monday & Tuesday General Education Sessions & Meal Functions Student (include copy of valid Student ID) <i>Includes Complimentary one-year ISA Membership</i> | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$350 | |
| ONE DAY REGISTRATION <i>(Includes Sunday, Monday or Tuesday General Education Sessions & Meal Functions)</i> | | | | | |
| <input type="checkbox"/> Sunday Only (select Sunday options above) | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | |
| <input type="checkbox"/> Monday Only | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | |
| <input type="checkbox"/> Tuesday Only | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | |
| OTHER | | | | | |
| TOTAL DUE: | | | | | |

Check here if you agree to have your contact information shared with speaker(s), fellow attendees, and exhibitors.

Member rate extended to members of other ISA chapters. **Please list chapter if different than Ohio** _____

PLEASE CHECK

- First-time Attendee
 Check/Money Order
 Purchase Order No.

To pay by credit card, please visit www.ohiochapterisa.org and **Login** (located in the upper right corner). For your security, we do not accept credit cards by phone, fax, email or mail.

Current members should Login first to obtain member rates.

Username name is the email address associated with your member record. Click "Forgot Login/Password" for assistance. Please contact the Ohio Chapter ISA if you have any questions or trouble logging in.

By entering the premises, registrant hereby grants the Ohio Chapter ISA irrevocable permission to use their photograph, voice recording and/or video tape in various Chapter publications and media. Conference coordinators reserve the right to make changes to speakers and programs and to cancel programs if enrollment criteria are not met. In the unlikely event this conference is canceled the Ohio Chapter ISA will refund registration fees. No portion of the registration fees is tax deductible as a charitable contribution. Accommodations for individuals who qualify under the Americans with Disabilities Act are available upon request. Please contact the Ohio Chapter ISA office at least ten (10) days before the conference.

SUBMIT FORM WITH PAYMENT OR PURCHASE ORDER TO:

Ohio Chapter ISA, P.O. Box 267, Baltimore, OH 43105-9998

Phone/Fax: (614) 771-7494

Email: info@ohiochapterisa.org

Cancellations and Substitutions: Refunds will be given if written notice is received prior to **February 1**. There will be a \$25 processing charge for all refunds. Please note that submission of the registration form is a commitment to pay if the OTCC is held, regardless of weather conditions. No Shows will be invoiced and subject to collection for the full amount. **Refunds will not be given on/after February 1.** Registration may be transferred to another person.

FOR OFFICE USE ONLY

Date _____
 Amount _____
 Payment Method _____
 By _____