



Full registration includes Thursday and Friday sessions, Thursday lunch, Thursday reception, and breakfast Thursday and Friday.

	Early Registration	Late Registration (after 6/9)
OAMTA Members		
1 st Attendee	<input type="checkbox"/> \$299	<input type="checkbox"/> \$399
additional attendees	<input type="checkbox"/> \$229 qty _____	<input type="checkbox"/> \$269 qty _____
Non Members		
1 st Attendee	<input type="checkbox"/> \$479	<input type="checkbox"/> \$519
additional attendees	<input type="checkbox"/> \$409 qty _____	<input type="checkbox"/> \$449 qty _____
Spouse/Guest (meals only)	<input type="checkbox"/> \$139	<input type="checkbox"/> \$159

Company Name: _____

Address: _____

Phone: _____

Attendees:

Email addresses of attendees:

Total Attendees: _____

Total Amount: _____

Forms can be mailed to:

Ohio Ambulance and Medical Transportation Association
155 East Broad Street, Suite 2020
Columbus, Ohio 43215

Or

E-mail to Elizabeth Jones at ejones@grantstreetohio.com

Please select all meals you plan on attending:

Thursday, June 22nd

- ☐ Breakfast
☐ Lunch
☐ Reception

Friday, June 23rd

- ☐ Breakfast

2017 ANNUAL CONFERENCE
MEMBER REGISTRATION
JUNE 22nd AND 23rd

Payment

Please select your preferred method of payment:

☐ **Check** Make checks payable to:
"Ohio Ambulance and Medical Transportation Association"
155 East Broad Street, Suite 2020 Columbus, Ohio 43215

☐ **Credit Card**

☐ Visa ☐ MC ☐ Discover ☐ AmEx

Credit Card Number: _____

Credit Card Address: _____

Cardholder Name: _____

Amount to be Charged: _____ Billing Zip: _____

Cardholder Signature: _____

Expiration: _____ Security Code: _____

Please retain a copy for your files.