



Ohio Ambulance and Medical Transportation Association

2017 ANNUAL CONFERENCE
MEMBER REGISTRATION
JUNE 22nd AND 23rd

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

Page 1 of 2

Please select all meals you plan on attending:

Thursday, June 22nd

- Breakfast
- Lunch
- Reception

Friday, June 23rd

Breakfast

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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.