

REGISTRATION FORM

SOOHP 2010 Spring Conference
March 25-26, 2010
Doubletree Worthington/Columbus

REGISTRATION FEES

SOOHP Members

Both Days \$400
One Day \$300

Non-Members

Both Days \$450
One Day \$350

If only attending for one day please check Thursday OR Friday

Name _____

Title _____

Please check: RN MD Other _____

Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-Mail: _____

(Necessary for seminar confirmation)

All registrations must be accompanied by full payment.

Check (*payable to OHA*) Visa MasterCard AmEx

Name of Cardholder: _____

Card Number: _____ Expiration Date: _____

Amount \$ _____



Mail registrations to and make checks payable to OHA, 155 E. Broad Street, Columbus, Ohio 43215-3620 or fax registrations paying by credit card to (614) 241-2933. Deadline for cancellations is three (3) working days prior to the program. After this date no refunds will be made. There will be a \$40 processing fee attached to all refunds. Substitutions are welcome.