

OFCA ANNUAL CONFERENCE JUNE 13 & 14, 2014

Worthington Doubletree, 175 Hutchinson Ave, Columbus, OH 43235

Registration Form

For your convenience please register online at ofcaonline.org/registration

Registration & Payments due by June 3, 2014

Each household must use a separate registration form. Please duplicate.

Name(s):	<p>One day: \$85 ____ (x number attending per household) = ____</p> <p>Two Days \$160 ____ (x number attending per household) = ____</p> <p>Please note number attending each day: Friday ____ Saturday ____</p> <p>Membership: \$25 ____ <i>OFCA Membership is \$25 per family per year. There is no membership requirement to attend the conference.</i></p> <p>Donation: \$ ____ <i>Your one time donation of any amount and/or membership dues are a way to support the efforts of your state organization to keep you informed and represented at state level meetings and in legislative initiatives, policy and rule development (Not required).</i></p> <p>I wish to apply for ____ (number) training scholarship(s). <i>The limited number of scholarships available are awarded on a first come, first serve basis. Some scholarships are specific to parent categories.</i></p> <p>TOTAL ENCLOSED \$ _____ _____ Agencies please check here if you plan to use a purchase order per policy noted below.</p> <p>Make all checks payable to OFCA Ohio Family Care Association 1151 Bethel Road, Suite 104B Columbus, OH 43220</p> <p>More Information Needed? Contact: marynell@ofcaonline.org 614-401-OFCA (6322)</p> <p>Registration and payment may also be completed online. Visit ofcaonline.org/registration today!</p>
Agency/Parent Association:	
Trainee Address:	
City/Zip:	
County:	
Phone:	
E-mail address:	
Please check all that apply: ←	
Adoptive Parent ____ Public Agency ____	
Foster Parent ____ Private Agency ____	
Respite Provider ____ Infant-Pre-K ____	
Kinship Provider ____ 1 st -5 th Grades ____	
Primary Parent* ____ 6 th -8 th Grades ____	
Treatment Home ____ High School ____	
Agency Staff ____ Medically Fragile ____	
*A primary parent is any parent who has been the subject of a child service investigation.	
Agency Contact Person Name/Phone/Email:	

PURCHASE ORDER POLICY-READ CAREFULLY: Agency purchase orders are accepted. Related registrations should be submitted by agency personnel with the above information identified for each training participant. Agencies will receive an invoice and should pay all balances in full, including cancellation fees, by July 11, 2014. OFCA Federal ID #51-0180655.

CANCELLATION POLICY: All cancellations after June 3, 2014 are subject to a \$60 per day cancellation fee to offset the per person cost associated with our contractual agreement with Doubletree Hotel.

For Discounted Hotel Rates contact the Worthington Doubletree, 614-396-4494 before May 23, 2014.
Room rates are guaranteed for \$94 plus tax and room charges for up to four room occupants.
Please mention "OFCA Conference" when you make your reservations.