



# 97<sup>th</sup> Annual Conference

May 11, 2018 ♦ Renaissance Columbus Downtown, Columbus, Ohio

## Registration Form

**Instructions:**

1. Use separate form for each registrant. Photocopy of original is acceptable.
2. Complete all sections.
3. Send completed form to OAND, PO Box 303, Lewis Center, Ohio 43035, Phone (614) 436-6131 **Fax: (614) 436-6181**
4. For hotel information, please visit the hotel information link on the website.

This is my first OAND Conference.  Yes  No

I authorize and permit the OAND and its associated organizations to take, obtain and make use of photography and/or video of me.  Yes  No

Name \_\_\_\_\_ Preferred name for badge \_\_\_\_\_  
First Last Credentials

Company Name \_\_\_\_\_ AND Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate any dietary, medical or physical disability requirements: \_\_\_\_\_

**Registration Fees Postmarked by April 11<sup>th</sup>**

**Member Rate**

\$175

**Non Member Rate**

\$275

**Student/Retired Member**

\$125 \$ \_\_\_\_\_  
 For Sponsor A Student discount availability, please go to [www.eatrightohio.org](http://www.eatrightohio.org) for more information.

**Registration Fees Postmarked after April 11<sup>th</sup>**

**Member Rate**

\$205

**Non Member Rate**

\$305

**Student/Retired Member**

\$131 \$ \_\_\_\_\_

**Total Fee Enclosed** \$ \_\_\_\_\_

Substitutions: Substitutions are permitted at no additional cost. All substitutions must be made in writing and accompanied by a complete OAND Annual Conference Registration form no later than April 11, 2018. Cancellations: All cancellations are subject to a 50% cancellation fee and must be made in writing by April 27<sup>th</sup>.

**METHOD OF PAYMENT** (Registrations accepted by fax when paying by MasterCard or Visa only - Fax: (614) 436-6181)

Registration fee enclosed. (Purchase orders not accepted.) Make checks or money orders payable to Ohio Academy of Nutrition and Dietetics.

Please charge to:  MasterCard  Visa

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ V Code \_\_\_\_\_

Credit Card billing address (include zip code) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*Payments to OAND are not deductible as charitable contributions for Federal Income Tax purposes, however, they may be deductible under other provisions of the Internal Revenue Code.*