



**OAMCCC  
FALL CONFERENCE  
OCT 03-05, 2018  
VENDOR REGISTRATION FORM**

Conference Registration Fees \$350.00 (OAMCCC Members)  
\$500.00 (Non-Members)

Fee includes 2 participants per company, one 6 foot table for display, lunch, and all scheduled events.

BUSINESS NAME: \_\_\_\_\_

PERSONS ATTENDING: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: Your registration may be mailed / faxed before payment is sent.**

\$ \_\_\_\_\_ Conference Registration Fees (\$350 for Members **or** \$500 for Non-members)

\$ \_\_\_\_\_ 2018 Membership Dues (\$250) please complete the **2018 Vendor / Affiliate Membership Form** on page 2

\$ \_\_\_\_\_ Sponsorship Amount – please complete the **Sponsorship Form** on page 3

\$ \_\_\_\_\_ **Total Amount Enclosed** – Please make checks payable to: **OAMCCC**

Mail / Fax your registration for to: OAMCCC – Jim Link, Treasurer  
% Lima Municipal Court  
109 N Union St  
Lima OH 45801-4929  
[jim.link@cityhall.lima.oh.us](mailto:jim.link@cityhall.lima.oh.us)

Contact Information: (419) 221-5238 Phone  
(419) 998-5517 Fax

*Amount must be paid by Friday, September 21, 2018. No refunds will be issued after Friday, September 28, 2018. Fee does not include overnight accommodations, parking (if applicable) or audio visual services.*



# OAMCCC

## 2018 VENDOR / AFFILIATE MEMBERSHIP FORM

### ANNUAL DUES FOR VENDORS / AFFILIATE MEMBERS

Any individual, business, or organization

**\$ 250.00**

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

(city, state & zip)

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

### MEMBER NAMES AND TITLES

(Please list all individuals you wish to include for membership)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please submit this form with your OAMCCC Conference Registration Form.

**Mail / Fax to:** OAMCCC – Jim Link, Treasurer  
% Lima Municipal Court  
109 N Union St  
Lima OH 45801-4929  
[jim.link@cityhall.lima.oh.us](mailto:jim.link@cityhall.lima.oh.us)

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(419) 998-5517 Fax



# OAMCCC FALL CONFERENCE OCT 03-05, 2018 SPONSORSHIP FORM

The following is the contact person for this commitment from vendor / sponsor:

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(city, state & zip)

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

We would like to sponsor the following OAMCCC event: (Please write-in your amount)

- \$ \_\_\_\_\_ Morning Snack on Wednesday, Oct 03, 2018 . . . . . \$ 600
- \$ \_\_\_\_\_ Lunch on Wednesday, Oct 03, 2018 . . . . . \$ 2,500
- \$ \_\_\_\_\_ Afternoon Snack on Wednesday, Oct 03, 2018 . . . . . \$ 600
- \$ \_\_\_\_\_ Morning Snack on Thursday, Oct 04, 2018 . . . . . \$ 600
- \$ Capital Recovery Hospitality on Wednesday, Oct 03, 2018
- \$ \_\_\_\_\_ Lunch on Thursday, Oct 04, 2018 . . . . . \$ 2,500
- \$ \_\_\_\_\_ Afternoon Snack on Thursday, Oct 04, 2018 . . . . . \$ 600
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

Sponsors will be given an opportunity to speak.

Lunches - Sponsors may underwrite the entire lunch cost or share the cost with other vendors.

Snacks - Sponsors may underwrite the entire snack cost or share the cost with other vendors.

Please submit this form with your OAMCCC Conference Registration Form.

Thank you for being a part of the OAMCCC Conference!

Cindy Dinovo, Clerk, Delaware Municipal Court, 70 N Union St, Delaware, OH 43015 (740) 203-1550

Trisha Russell, Clerk, Bryan Municipal Court 1399 E High St, PO Box 546 Bryan OH 43506 (419) 696-6939