



OAMCCC SPRING CONFERENCE

MAY 22 – 24, 2019

REGISTRATION FORM

NEW CLERK of COURT in 2019? (YES / NO) _____

Please Indicate the Number of Persons Attending:

- | | | |
|---------------|---|-----------|
| <u> </u> | MEMBERS OF OAMCCC | \$ 250.00 |
| | This is a Per Person Fee and includes all three (3) days of Education and Wednesday lunch and dinner and Thursday lunch | |
| <u> </u> | MEMBERS OF OAMCCC | \$ 100.00 |
| | This is a Per Day Fee for those who cannot attend all three days of the Conference. Please circle the day/s you will be attending. NOTE: Includes lunches scheduled for the day/s you will be attending. WED THU FRI | |
| <u> </u> | NON-MEMBERS OF OAMCCC | \$ 400.00 |
| | This is a Per Person Fee and includes all three days of Education and Wednesday lunch and dinner and Thursday lunch | |
| <u> </u> | NON-MEMBERS OF OAMCCC | \$ 200.00 |
| | This is a Per Day Fee for those who cannot attend all three days of the Conference. Please circle the day(s) you will be attending. NOTE: Includes lunches scheduled for the day/s you will be attending. WED THU FRI | |

COURT NAME: _____

ATTENDEE NAME(S) AND LUNCH RESERVATIONS: (attach additional sheet if necessary)

NAME	√ WHICH MEALS YOU WILL PARTICIPATE IN
_____	Wed Lunch _____ Wed Dinner _____ Thurs Lunch _____
_____	Wed Lunch _____ Wed Dinner _____ Thurs Lunch _____
_____	Wed Lunch _____ Wed Dinner _____ Thurs Lunch _____

PLEASE COMPLETE THIS FORM AND MAIL, E-MAIL OR FAX IT ON OR BEFORE MONDAY, MAY 6, 2019. WE NEED THIS INFORMATION AHEAD OF TIME FOR SCHEDULING PURPOSES WITH OUR VENUE. PLEASE SEND US THIS FORM PRIOR TO SENDING PAYMENT. THE FORM MAY BE MAILED, E-MAILED OR FAXED TO JIM LINK AT THE ADDRESSES BELOW.

PAYMENT DUE DATE: MONDAY, MAY 13, 2019

PLEASE MAKE CHECKS PAYABLE TO: "OAMCCC"

Mail to: OAMCCC – Stephanie Hardman, Treasurer
 % Mount Vernon Municipal Court
 5 N Gay St Rm 3
 Mount Vernon OH 43050-3247

Contact: clerkofcourt@mountvernonohio.org
Phone: (740) 393-9552
Fax: (740) 393-5349

TOTAL AMOUNT ENCLOSED: \$ _____