



2025 OOWA ANNUAL CONFERENCE

Cherry Valley Hotel

2299 Cherry Valley Rd SE, Newark, OH 43055

January 7-8, 2025

Attendee Registration Form

Please use one form per person. Please write legibly.

Attendee Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email address _____ Phone _____

Profession: Installer Service Provider Pumper Sanitarian Manufacturer Vendor
 Designer Engineer Home Inspector Site/Soil Evaluator Other: _____

<u>Conference Fees</u>	<u>Register by 1/1/2025</u>	<u>After 1/1/2025 and Onsite Registration</u>	<u>Amount Due</u>
<i>Individual Registration</i>	<i>Member/Non Member</i>	<i>Member/Non Member</i>	
Full 2-Day Registration	\$295/\$395	\$315/\$415	_____
One Day Registration (indicate which day) Tuesday or Wednesday	\$205/\$305	\$220/\$320	_____
<i>Corporate Member Registration</i>	<u>Register by 1/1/2025</u>	<u>After 1/1/2025 and Onsite Registration</u>	
1st Registration	\$295	\$315	_____
#of Additional Registrations _____ Name(s): _____	\$250 Each	\$270 each	_____
Registration Includes: Wednesday Breakfast, 2 Lunches , Tuesday Dinner, CEUs, Networking Opportunities, Access to Industry Tradeshow			
2025 Individual Membership \$120.00 Name: _____	2025 Corporate Membership \$145.00 Name: _____	2025 Associate Membership \$50.00 Name: _____	
Total Amount Due _____			

MAKE CHECK PAYABLE TO OOWA OR FILL OUT THE CREDIT CARD INFORMATION BELOW:

[] VISA [] MASTERCARD [] AMERICAN EXPRESS [] DISCOVER

CARD NUMBER _____ EXP. DATE _____ CVV _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

Refunds can only be given for cancellations received in writing 7 days prior to the event.

Return this form to: OOWA, 6870 Licking Valley Road, Frazeyburg, OH 43822

Questions?: (740) 828-3000 or ohioowa@gmail.com



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Exhibitor Registration Form

Please type or print the following information as you would like for it to appear in the conference program.

Business Name _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Email address _____

Phone _____ Fax _____

Exhibitor Fees		Amount Due
Booth Only- \$750 <small>(includes one 10' x 10' booth and one booth personnel)</small>	Personnel Name: _____	_____
Booth & Bronze Sponsor—\$1250 <small>(includes one 10' x 10' booth, one booth personnel, 1/4 page ad in conference program, and recognition at 1 event)</small>	Personnel Name: _____	_____
Booth & Silver Sponsor—\$1500 <small>(includes one 10' x 10' booth, two booth personnel, 1/2 page ad in conference program, and recognition at 2 events)</small>	Personnel Name: _____ Personnel Name: _____	_____
Booth & Gold Sponsor—\$2500 <small>(includes one 10' x 10' booth, two booth personnel, full page ad in conference program, and recognition at all events)</small>	Personnel Name: _____ Personnel Name: _____	_____
Additional Booth Personnel—\$200/person	Personnel Name: _____	_____
Additional \$300 for a 10' x 10' Booth	Additional \$450 for a 20' x 20' Booth	
2025 Corporate Membership \$50.00 Name: _____	2025 Corporate Membership \$145.00 Name: _____	2025 Individual Membership \$120.00 Name: _____
Event Sponsorship Options <small>(indicate for which event you would like to be recognized as a sponsor) (partial sponsorships also welcome)</small>		
<input type="checkbox"/> Banquet (\$1500) <input type="checkbox"/> Breakfast (\$500) <input type="checkbox"/> Lunch (\$1000) <input type="checkbox"/> Breaks (\$700) <input type="checkbox"/> Lanyards (\$700) <input type="checkbox"/> Entertainment (\$1500) <input type="checkbox"/> Roe-D-Hoe (\$4000) <input type="checkbox"/> Nametags (\$500) <input type="checkbox"/> Conference Program (\$750)		
<input type="checkbox"/> We would like to share the cost of the Tuesday Evening Appreciation Event		TBD - Billed at a later date
TOTAL AMOUNT DUE		_____

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