



# 2022 OOWA ANNUAL CONFERENCE

## Nationwide Hotel and Conference Center

100 Green Meadows Drive S

Lewis Center, OH 43035

January 4-5, 2022

### 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 1/1/2022</u>	<u>After 1/1/2022 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 1/1/2022</u>	<u>After 1/1/2022 and Onsite Registration</u>	
1st Registration	\$295	\$315	_____
#of Additional Registrations _____	\$250 Each	\$270 each	_____
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, Frazeesburg, 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 \_\_\_\_\_

Company/Product Description \_\_\_\_\_

Exhibitor Fees		Amount Due
<b>Booth Only- \$500</b> <small>(includes one booth and one booth personnel)</small>	Personnel Name: _____	_____
<b>Booth &amp; Bronze Sponsor—\$750</b> <small>(includes one booth, one booth personnel, 1/4 page ad in conference program, and recognition at 1 event)</small>	Personnel Name: _____	_____
<b>Booth &amp; Silver Sponsor—\$1050</b> <small>(includes one booth, two booth personnel, 1/2 page ad in conference program, and recognition at 2 events)</small>	Personnel Name: _____ Personnel Name: _____	_____
<b>Booth &amp; Gold Sponsor—\$1500</b> <small>(includes one booth, two booth personnel, full page ad in conference program, and recognition at all events)</small>	Personnel Name: _____ Personnel Name: _____	_____
<b>Additional Booth Personnel—\$200/person</b>	Personnel Name: _____	_____
<b>Event Sponsorship Options</b> <small>(indicate for which event you would like to be recognized as a sponsor)</small> ___ Wednesday Afternoon Vendor Reception ___ Breakfast ___ Lunch ___ Breaks		
_____ We would like to share the cost of the Wednesday Evening Appreciation Event		TBD - Billed at a later date
<b>TOTAL AMOUNT DUE</b>		_____

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CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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