



Ohio
Ambulance and
Medical Transportation
Association

June 20th and 21st registration includes Thursday and Friday sessions, breakfast and lunch Thursday and Friday, and Thursday's reception. (Does Not Include Wednesday Patient Handling Class or Friday's CADS Class)

Wednesday, June 19th Glatfelter Patient Handling Class 9:00 A.M. to 4:00 P.M. Includes Breakfast, Lunch, and Snack	June 20th & 21st Early Registration OAMTA Members 1 st Attendee <input type="checkbox"/> \$299 additional attendees <input type="checkbox"/> \$229 qty _____	Friday, June 21st ONLY Early Registration OAMTA Members 1 st Attendee <input type="checkbox"/> \$209 additional attendees <input type="checkbox"/> \$160 qty _____	Friday, June 21st CADS Class ONLY Must Be Registered by 5/31 9:00 A.M. to 4:00 P.M. Includes Breakfast & Lunch
Early Registration <input type="checkbox"/> \$65 qty _____	Non-Members 1 st Attendee <input type="checkbox"/> \$479 additional attendees <input type="checkbox"/> \$409 qty _____	Non-Members 1 st Attendee <input type="checkbox"/> \$335 additional attendees <input type="checkbox"/> \$286 qty _____	<input type="checkbox"/> \$249 qty _____
Late Registration (after 5/31) <input type="checkbox"/> \$80 qty _____	Late Registration (after 5/31) OAMTA Members 1 st Attendee <input type="checkbox"/> \$399 additional attendees <input type="checkbox"/> \$269 qty _____ Non-Members 1 st Attendee <input type="checkbox"/> \$519 additional attendees <input type="checkbox"/> \$409 qty _____	Late Registration (after 5/31) OAMTA Members 1 st Attendee <input type="checkbox"/> \$279 additional attendees <input type="checkbox"/> \$188 qty _____ Non-Members 1 st Attendee <input type="checkbox"/> \$363 additional attendees <input type="checkbox"/> \$286 qty _____	

Company Name: _____

Address: _____

Phone: _____

Attendees:	Email addresses of attendees:	Classes:
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS
_____	_____	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.&Fri. <input type="checkbox"/> Fri/Only <input type="checkbox"/> CADS

Total Attendees Wednesday: _____ Total Attendees Thursday & Friday: _____ Total Attendees Friday Only: _____ Total Attendees CADS Class: _____

Total Amount Wednesday: _____ Total Amount Thursday & Friday: _____ Total Amount Friday Only: _____ Total Amount: CADS Class _____

Total Amount: For Entire Conference _____

Forms can be mailed to:

Ohio Ambulance and Medical Transportation Association
 155 East Broad Street, Suite 2020
 Columbus, Ohio 43215

Or E-mail to Elizabeth Jones at ejones@grantstreetohio.com

Payment

Please select your preferred method of payment:

Check Make checks payable to:
"Ohio Ambulance and Medical Transportation Association"
155 East Broad Street, Suite 2020 Columbus, Ohio 43215

Credit Card

Visa MC Discover AmEx

Credit Card Number: _____

Credit Card Address: _____

Cardholder Name: _____

Amount to be Charged: _____ Billing Zip: _____

Cardholder Signature: _____

Expiration: _____ Security Code: _____

Please retain a copy for your files.