



# REGISTRATION FORM

Fax your completed form to: 614.228.6403 or scan and email to [abrown@ohiochamber.com](mailto:abrown@ohiochamber.com).

Mail your completed form to: Salt Fork Legislative Conference, Ohio Chamber of Commerce, 230 E Town St, Columbus, Ohio 43215 by August 18, 2017

## 1. REGISTRANT INFO

(PLEASE PRINT)

Name \_\_\_\_\_

Title \_\_\_\_\_

Spouse/Guest \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I prefer to stay in:  Lodge  Cabin (sleeps six) Roommate Request \_\_\_\_\_

Special Needs/Requests \_\_\_\_\_

If you do not select a roommate, one will be assigned to you.

## 2. ACTIVITY PARTICIPATION

### WEDNESDAY, SEPTEMBER 6, 2017

Please indicate your & your spouse/guest interest in the following:

ACTIVITY	Registrant	Spouse/Guest
Boxed Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Practice Golf Round	<input type="checkbox"/>	<input type="checkbox"/>
Practice Tennis Round	<input type="checkbox"/>	<input type="checkbox"/>

### THURSDAY, SEPTEMBER 7, 2017

Please indicate **ONE** activity you & your spouse/guest are interested in:

ACTIVITY	Registrant	Spouse/Guest
Golf Tournament	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Tournament	<input type="checkbox"/>	<input type="checkbox"/>
Tour	<input type="checkbox"/>	<input type="checkbox"/>
Salt Fork Boat Cruise	<input type="checkbox"/>	<input type="checkbox"/>

## 3. CONFERENCE ATTENDANCE

**Full Conference with Room**  
(3 Days/2 Nights)

**1 Day/1 Night with Room\***  
 Wednesday  Thursday

**1 Day Only**  
 Wednesday  Thursday  Friday

**\*NOTE:** "1 DAY/1 NIGHT" on Wednesday is from Noon on Wednesday through Noon on Thursday.  
"1 DAY/1 NIGHT" on Thursday is from Noon on Thursday through Noon on Friday.

FOR OFFICE USE ONLY Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

LEGISLATIVE

# SALT FORK

POLICY CONFERENCE  
WEDNESDAY, SEPTEMBER 6 THROUGH  
FRIDAY, SEPTEMBER 8, 2017