

Register Today

Complete a copy of this form for each registrant

Please register no later than the Monday before your meeting date

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Area Code / Phone: _____

E-Mail: _____

Check the meeting(s) you will attend:

Region 1 Region 4 Region 7 Region 10

Region 2 Region 5 Region 8

Region 3 Region 6 Region 9

Please enclose the registration fee for each meeting you will attend

Your registration fee includes lunch

OAHSM Member: \$20 x _____ registrants = \$ _____

Non-Member: \$27 x _____ registrants = \$ _____

Join OAHSM now and save!

Organizational Membership

> Operating budget over \$200,000 a year: **\$100**

> Operating budget \$100,000-\$200,000 a year: **\$75**

> Operating budget \$25,000-\$100,000 a year: **\$60**

> Operating budget under \$25,000 a year: **\$35**

Individual Membership

> Local history benefactor: **\$50 and up**

> Individual member: **\$35**

> Student: **\$15**

Joining OAHSM = \$ _____

Total amount enclosed = \$ _____

Please reserve a free > half display table or > full display table

> Check enclosed (*make check payable to Ohio Historical Society*)

> Charge to: > Visa > American Express > Mastercard > Discover

Card Number _____

Expiration Date _____ CID Number (last three digits on back of card) _____

Name on Card (*please print*) _____

Cardholder Signature _____

Return to:

Ohio Association of Historical Societies & Museums

OHIO HISTORICAL SOCIETY

Local History Office

1982 Velma Avenue / Columbus, Ohio 43211-2497

ph: 1.800.858.6878 or 614.297.2340 / fx: 614.297.2233 / www.oahsm.org

Questions? Call OAHSM toll free 1-800-858-6878