



98th Annual Conference

May 2-3, 2019 ♦ Kingsgate Conference Center, Cincinnati, Ohio
Registration Form

Instructions:

1. Use separate form for each registrant. Photocopy of original is acceptable.
2. Complete all sections.
3. Send completed form to OAND, PO Box 303, Lewis Center, Ohio 43035, Phone (614) 436-6131 **Fax: (614) 436-6181**
4. For hotel information, please visit the hotel information link on the website.

This is my first OAND Conference. Yes No

I authorize and permit the OAND and its associated organizations to take, obtain and make use of photography and/or video of me. Yes No

Name _____ Preferred name for badge _____
First Last Credentials

Company Name _____ AND Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Emergency Contact Name _____ Phone _____

Please indicate any dietary, medical or physical disability requirements: _____

Registration Fees Postmarked by April 3rd

Member Rate

- \$229 Two (2) Day
- \$69 Thursday only
- \$179 Friday only

Non Member Rate

- \$359 Two (2) Day
- \$99 Thursday only
- \$279 Friday only

Student/Retired Member

- \$149 Two (2) Day \$ _____
- \$39 Thursday only \$ _____
- \$129 Friday only \$ _____

Registration Fees Postmarked after April 3rd

Member Rate

- \$259 Two (2) Day
- \$79 Thursday only
- \$199 Friday only

Non Member Rate

- \$389 Two (2) Day
- \$109 Thursday only
- \$299 Friday only

Student/Retired Member

- \$155 Two (2) Day \$ _____
- \$41 Thursday only \$ _____
- \$133 Friday only \$ _____

Total Fee Enclosed \$ _____

Substitutions: Substitutions are permitted at no additional cost. All substitutions must be made in writing and accompanied by a complete OAND Annual Conference Registration form no later than April 12, 2019. Cancellations: All cancellations are subject to a 50% cancellation fee and must be made in writing by April 12th.

METHOD OF PAYMENT (Registrations accepted by fax when paying by MasterCard or Visa only - Fax: (614) 436-6181)

Registration fee enclosed. (Purchase orders not accepted.) Make checks or money orders payable to Ohio Academy of Nutrition and Dietetics.

Please charge to: MasterCard Visa

Account Number _____ Exp. Date _____ V Code _____

Credit Card billing address (include zip code) _____

Authorized Signature _____

Payments to OAND are not deductible as charitable contributions for Federal Income Tax purposes, however, they may be deductible under other provisions of the Internal Revenue Code.