

# Assistant Registration Form

Please note that this is a **Virtual Seminar ONLY**.

**Each session will be streamed so assistants may earn up to 14.5 CE Hours for the seminar depending on what is attended. Complete virtual seminar details will be sent in early May with instructions on how to login.**

**Thursday  
May 14, 2020**

☐ ASSISTANTS Program | May 14, 2020 | 8:00 AM – 5:30 PM

**Friday  
May 15, 2020**

☐ ASSISTANTS Program | May 15, 2020 | 7:30 AM – 5:30 PM

**Early Bird Special**  
postmarked *before* April 10

**Postmarked after April 10 — May 11\*\***

	Early Bird Thursday Only	Early Bird Friday Only	Early Bird Thursday & Friday	*After April 10 Thursday Only	*After April 10 Friday Only	*After April 10 Thursday & Friday
<b>OHFAMA or WVPMA Member Assistant</b>	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$185.00
<b>OHFAMA Non-Member Assistant</b>	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$305.00

**\*\*Registration closes on May 11. After May 11, you must register on-site and add an additional \$50 on-site registration fee.**

**The contact information should contain the address where you wish to receive confirmation. Registrations will not be processed without payment. Use a separate form for each registrant.**

FIRST NAME	MI	LAST NAME	DEGREE
ADDRESS		CITY	STATE
DAYTIME PHONE		FAX	ZIP
I WILL BE PAYING BY:		MY REGISTRATION COST IS	
<input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF)		<input type="checkbox"/> Credit Card	
PAYMENT METHOD:		\$	
<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa	
<input type="checkbox"/> Discover		<input type="checkbox"/> American Express	
CREDIT CARD NUMBER		EXPIRATION DATE	3 OR 4 DIGIT SECURITY CODE
NAME ON CARD		AUTHORIZED SIGNATURE	
BILLING ADDRESS FOR CREDIT CARD:		CITY	STATE
			ZIP

**Mail to: The Annual Seminar  
1960 Bethel Road, Suite 140  
Columbus, OH 43220-1815**

**Fax to 614.457.3375 for credit card only.  
Or register online at [www.ohfama.org](http://www.ohfama.org)**

