

O.S.C.A.R. STATE CONFERENCE REGISTRATION FORM
(One form per person, please.)

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____ EMAIL: _____
 SOCIETY: _____

OFFICE(S)/TITLE(S): (Check all that apply, and list name of offices, chairmanship and/or society(ies)).

<input type="checkbox"/> Nat'l Officer: _____	<input type="checkbox"/> Sr Nat'l Officer: _____
<input type="checkbox"/> Honorary National President	<input type="checkbox"/> Honorary Senior National President
	<input type="checkbox"/> Senior National Honorary Vice President
<input type="checkbox"/> Nat'l Chairman: _____	<input type="checkbox"/> Sr Nat'l Chairman: _____
<input type="checkbox"/> State Officer: _____	<input type="checkbox"/> Sr State Officer: _____
<input type="checkbox"/> Honorary State President	<input type="checkbox"/> Honorary Senior State President
<input type="checkbox"/> State Chairman: _____	<input type="checkbox"/> Senior State Chairman: _____
<input type="checkbox"/> Society President: _____	<input type="checkbox"/> Senior Society President: _____
<input type="checkbox"/> Member	<input type="checkbox"/> Member Guest
	<input type="checkbox"/> Senior
	<input type="checkbox"/> Senior Guest

REGISTRATION: (\$10.00) Everyone attending any event(s) must pay this fee! \$10.00 \$ _____
 _____ medical/physical restrictions/needs entered on back of sheet

LATE FEE FOR REGISTRATION (Postmarked after **February 26, 2024**) \$ 8.00 \$ _____

SATURDAY BREAKFAST BUFFET **\$12.95** \$ _____

SATURDAY LUNCH (Box Lunches with chips, fruit, cookie and water) **\$18.95**
 Roast Beef Turkey Grilled Portabella (vegan) \$ _____

SATURDAY NIGHT BANQUET: dietary restrictions entered on back of sheet **Child 0-2 \$free**
 Adult Buffet (3 entrees) **\$44.95** \$ _____
 Adult Balsamic Portabello Mushroom Plated Dinner (vegan) **\$26.95** \$ _____

LATE FEE FOR BANQUET: (Postmarked after **February 26, 2024**) \$ 8.00 \$ _____

SUNDAY BREAKFAST BUFFET: **\$12.95** \$ _____

PATRON DONATION :

<input type="checkbox"/> Ohio History Connection \$100	<input type="checkbox"/> Hayes Pres'l Lib & Mus \$75	<input type="checkbox"/> Shaker Historical Mus \$50
<input type="checkbox"/> Adena Mansion & Garden \$25	<input type="checkbox"/> John & Annie Glenn Home \$15	<input type="checkbox"/> Cedar Bog Preserve \$10
Name for Program Listing _____		\$ _____

TOTAL DUE (make checks payable to ***O.S.C.A.R. Senior State Treasurer***) \$ _____

Mail registration and check by **Feb. 26, 2024** to: Melissa Simmons, Senior State Treasurer
 2822 Stonebridge Dr
 Troy, OH 45373-5431

PLEASE NOTE: Only paper registrations with full payment will be accepted.
 Registration(s) must be postmarked by **Feb. 26, 2024** to avoid late fees.
 No reservations/refunds postmarked after **Mar. 1, 2024** will be accepted.

