CCAO/CEAO





Communicate. Create. Connect.

COMMISSIONER, COUNTY EXECUTIVE, COUNTY COUNCIL MEMBER, ENGINEER, COUNTY STAFF AND ADDITIONAL SPONSOR REGISTRATION FORM

cour	NTY/COMPANY					
ATTE	NDEE NAME	TITLE	TITLE			
BILLII	NG ADDRESS					
CITY_			STATEZIP			
PHO	NE ()FAX ()	ATTENDEE E-MA	IL			
REGIS	TRATION OPTIONS		by Nov 6	after Nov 6		
A.	FULL CONFERENCE (Includes FULL conference registration; Wednesday op banquet & entertainment; & Friday breakfast)	pening tradeshow reception; Thursday brea	\$ 495 ukfast, lunch, trade sho	\$ 595 w ice cream social, reception,		
В.	CHOOSE A ONE DAY ONLY OPTION ☐ WEDNESDAY ONLY					
	(Includes ONE-DAY conference registration; Wednesday	ay tradeshow opening reception)	\$ 350	\$ 450		
	☐ THURSDAY ONLY		\$ 350	\$ 450		
	(Includes ONE-DAY conference registration, Thursday breakfast, lunch, trade show ice cream social, reception, banquet & entertainment) FRIDAY ONLY \$350 \$450					
	(Includes ONE-DAY conference registration and Friday	breakfast)	\$ 350	Ş 450		
	NOTE: *No portion of the re	gistration fee will be used to purchas	e alcoholic beverage	25.		
	DO YOU PLAN TO ATTEND TI	HE THURSDAY BANQUET?	☐ YES	□NO		
	DIETARY RESTRICTIONS:	FREE	☐ OTHER _			
		PLEASE INVOICE THE CO				
	(wiake check pay	ubie to the CCAO/CEAO CONJETENC	E ALLOUIIL.			

REGISTRATION POLICY – Online Registration is encouraged. **Payments are accepted online**. Registrations received by **November 6** qualify for the discount rate. Registrations received after **November 6**, which include payment at the discount rate, will be billed for the difference. **Online and faxed registration deadline: 5:00 PM on Monday, November 6.**

You may register at the door *provided* space is available. Registrations will <u>not be accepted</u> over the phone. For registration information, please contact <u>Brandy Allen</u>, CCAO Senior Accountant, at (614) 220-0640, (888) 757-1904 ext. 310, fax (614) 221-6986 or <u>onlinereg@ccao.org</u>. Make checks payable to the CCAO/CEAO Conference Account. RETURN REGISTRATION FORMS AND PAYMENTS TO CCAO, 209 EAST STATE STREET, COLUMBUS, OH 43215-4309, FAX (614) 221-6986. **CANCELLATION POLICY** - Refund of conference registration, less an administrative fee of \$35, will be made if a cancellation is necessary. Written cancellation notice must be postmarked **no later than Wednesday, November 22**.

HOTEL RESERVATIONS – Hilton, Downtown Columbus 402 North High Street, Columbus, OH 43215, (614) 384-8600 or at https://book.passkey.com/go/CCAO. All conference events and hospitality suites will be held at the new Hilton at 402 North High Street. Room rate: \$142 single/double/triple/quad. Hilton reservation cut-off date: November 6.