

2020 ACA, Ohio Camp Conference

Nationwide and Ohio Farm Bureau 4 – H Center, OSU, Columbus, OH

January 23, 2020 Attendee Registration

ACA Member Number:	ACA Local (Office:		
Attendee Name:				
Name of Camp/Business:				
Mailing Address:				
City:		State:	Zip:	
Work Phone:	(Cell Phone:		
E-Mail:				
Use of Images in ACA Publications: Throu photographs, video, and audio recordings educational and promotional media.				
Registration Fees: (Please check	k all that apply and fill i	in the totals.)		
□ 1 st Person Individual – 2019 Ohio Camp Conference After December 13: \$135 / Member \$185 Non-Member			\$	
☐ Additional Person Individual (FROM SAME CAMP) Registration After December 13: \$120.00 / Member \$170.00 Non- Member			\$	
□ Student & Retiree Registration \$110 Member / \$125 Non-Member			\$	
Payment in full is due at time of re	egistration.		Total: \$	-
Emergency Contact Name and Ph	none:			
(someone not attending event) Special Dietary restrictions:				_
Special Accommodations:				
REFUND POLICY: Cancellations mus Phone cancellations are not accepted			765) 342-2065,	fax or <u>events@ACAcamps.org</u> .
Make checks payable to Amrequested information.	nerican Camp Asso	ciation. If paying	by credit ca	rd, please provide the
□ Discover □ VISA	□ MasterCard	□ American Ex	rpress [Check #
Credit Card Number:				
Expiration Date:	Security Code _	(last 3 dig	gits located o	n back of credit card)
Billing Address:				
	In I			
Name as it appears on the a				
Name as it appears on the o		(Print (Clearly)	