



**OASBO SEMINAR REGISTRATION FORM**  
(Online registration now available)!

Please print all information and fill form out completely.

Seminar Title: \_\_\_\_\_

Seminar Date: \_\_\_\_\_ Seminar Location: \_\_\_\_\_

Seminar Fee: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Membership Status:  OASBO Member  Non-Member

School District: \_\_\_\_\_

Invoice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Accommodations:  I have special dietary needs. (Please explain): \_\_\_\_\_

Under the Americans with Disabilities Act, I will require assistance.  
(Please explain): \_\_\_\_\_

Payment Information:  \*Bill my school district. (PO# Required: \_\_\_\_\_)

**You must be an OASBO member to register with a Purchase Order**

Check. (Enclose check and make payable to OASBO)

Credit card option available via online registration only

\*Attendee Signature: \_\_\_\_\_

*\*I have read and agree to the attached policy regarding cancellations/refunds.*

**OASBO Cancellation/Refund Policy**

To view the OASBO Seminar cancellation/refund policy on our website click on Professional Development then click on Seminar Policies or go to <https://oasbo-ohio.org/professional-development/training-opportunities/seminar-policies>

**Credit Card Payment Information:**

VISA  MasterCard  AMEX  Discover

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Credit Card Address: \_\_\_\_\_