



DC/Staff/Guest Registration Form

OSCA ANNUAL CONVENTION/OCT. 7-9, 2022

Hilton Columbus/Polaris/8700 Lyra Drive/Columbus, OH 43240

Convention Pricing

Registration fee includes all events, activities and meals for the entire convention.
Staff rates - no CE.

Early Registration by 9/01/22 **Registration after 9/01/22**

Member Type	Registration Fee	Registration Fee
Membership Plus	Included in Membership	Included in Membership
↳ Staff	2 included per membership	2 included per membership
Standard Member	\$375	\$475
↳ Staff	\$275	\$375
Non-Member	\$475	\$575
↳ Staff	\$375	\$475

Guest Pricing

For each non-registered guest that will be attending meals and events:

- Friday Night Welcome Reception: **\$45/ea.**
- Gala on Saturday night: **\$90/ea.**

or Best Value

Meal Package for non-registered guests **\$199/ea.** includes: Friday Night Welcome Reception; Saturday breakfast, lunch, snacks and Gala; plus Sunday brunch.

Registration Information

Attendee Name _____

Address _____

City/State/Zip _____

Phone _____ Can we text you? Yes No

Email _____

Ohio DC License # _____

Additional Attendee Names

_____ DC Staff Guest Acupuncture

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Hotel

Hotel room reservations must be made separately. **\$159/night** rate is secured for Friday and Saturday nights.

Visit www.OhioChiroCon.org for the hotel reservation link.

Special Hotel Rates Expire (date)

Event Attendance RSVP

Will you attend the Friday Welcome Reception? Yes No

If yes, how many will be attending? _____

(included in convention fees; tickets for guests are **\$45/ea.**)

Will you attend the Saturday Gala? Yes No

If yes, how many will be attending the Gala? _____

(included in convention fees; tickets for guests are **\$90/ea.**)

Meal Package Tickets for non-registered guests? Yes No

\$199/ea. includes Friday night reception; Saturday breakfast, lunch and Gala; plus Sunday brunch.

Payment Options

Check Make checks payable to OSCA and send to address below.

Credit Card

Account # _____

Exp. Date _____ Security Code _____

Authorized Amount \$ _____ Date _____

Signature _____

Billing Address: _____