



20th Annual AACPM Conference
 "Leadership, the Heart of It All"
 September 7 - 10, 2008
 Columbus, Ohio



Hosted by the Ohio Certified Public Manager Society

* = Required Information

Attendee Information

First Name: _____ *

Last Name: _____ *

Name on Badge: _____

Employer: _____

Job Title: _____

Career Field: _____

Preferred Mailing Address: _____ *

City: _____ *

State: _____ *

Zip: _____ *

Daytime Phone: _____ *

Fax: _____

Preferred Email address: _____ *

Special Needs (meals, mobility, etc) (An Ohio committee member will contact you for details)

Number of Guests: _____

Name on Badge for Guest(s): _____

Note: If you need to use two methods of payment for your registration (such as a business credit card or check for the conference registration and a personal credit card for a guest's registration), separate registrations will have to be processed through the online system.

REGISTRATION PACKAGES

Full Registration Package (Monday and Tuesday)

- AACPM (non-Ohio)/Consortium Members -- \$315 until 7/31/2008 • \$365 after 7/31/2008
- Retired AACPM members -- \$160 until 7/31/2008 • \$170 after 7/31/2008
- Other attendees -- \$340 until 7/31/2008 • \$390 after 7/31/2008

OHIO CPMs

- OCPMS members -- \$250 until 7/31/2008 • \$300 after 7/31/2008
- OH CPM students -- \$265 until 7/31/2008 • \$315 after 7/31/2008
- Other OH CPM grads -- \$265 until 7/31/2008 • \$315 after 7/31/2008

One Day Packages

- Monday only -- \$160 until 7/31/2008 • \$170 after 7/31/2008
- Tuesday only -- \$160 until 7/31/2008 • \$170 after 7/31/2008

House of Delegates Meeting (Wednesday morning)

- Delegate \$25

Awards Banquet Guest(s) -- # x \$45 per person

Monday dinner at the Ohio Village x \$45 per person

Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> AACPM Member | <input type="checkbox"/> OCPMS Member | <input type="checkbox"/> OH CPM Student |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> State Society Officer | <input type="checkbox"/> AACPM Board Member |
| <input type="checkbox"/> 1st Time Attendee | <input type="checkbox"/> Consortium Member | <input type="checkbox"/> Other |

Please send me an invoice

Send checks or money orders payable to:

Ohio CPM Society
 PO Box 29483
 Columbus, OH 43229
 TI # 31-1745991