

Registration Form

2017 Buckeye Shepherds Symposium

December 1-2, 2017

Full Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

1. Registration Fees

POSTMARKED & PAID

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

BEFORE/ON NOV. 17 AFTER NOV. 17

Friday Program (Refreshments only provided)

OSIA Member - Individual – Number attending _____ \$15 each \$25 each \$ _____

Non-Member – Individual – Number attending _____ \$30 each \$45 each \$ _____

Student – 18 to 22 Years of Age \$5 each \$10 each \$ _____

Saturday Program (Program, continental breakfast, lamb luncheon, afternoon break)

OSIA Member - Individual – Number attending _____ \$35 each \$45 each \$ _____

Non-Member – Individual – Number attending _____ \$50 each \$65 each \$ _____

College Student – 18 to 22 Years of Age \$15 each \$25 each \$ _____

Special Program: High School Youth ATI Recruiting Program Free Free \$ _____

Name _____ Age _____

- **NOTE: OSIA Membership can be paid with this BSS Registration Form**

3104 - Total Registration Fees \$ _____

2. Legibly Print Names of ALL those attending (REQUIRED):

Birthdate required ONLY for any youth under Age 22 as of 1/1/2018

Name _____ Birthdate: _____

Name _____ Birthdate: _____

Name _____ Birthdate: _____

Name _____ Birthdate: _____

3. Payment of 2018 OSIA Membership Dues:

3002 - Family, Farm or Individual: \$35 3005 – Association: \$35
 3008 - Youth (22 and under): \$15 3010 - Corporate/Allied Industry: \$100 \$ _____

TOTAL ENCLOSED: \$ _____

PAYMENT METHOD: Checks made payable to: **Ohio Sheep Improvement Association (OSIA)**. Please mail completed registration from with payment to:

OSIA-BSS 2016, P.O. Box 182383, Columbus OH 43218-2383.

Any questions please call 614-246-8293 or email ahurst@ofbf.org.

Make checks payable and mail to:

Ohio Sheep Improvement Association
Roger A. High, Executive Director
P.O. Box 182383
Columbus, OH 43218-2383

PayPal at:
www.ohiosheep.org

Or pay by Visa or MasterCard

Cardholder Name (please print): _____

Visa/MC Card#: _____

3-digit code: _____ Amount: \$ _____ Exp. Date: _____

Signature: _____

Today's date: _____