

ODONA/LTC 28th ANNUAL CONVENTION
March 26, 27 and 28, 2017
Embassy Suites Dublin,

REGISTRATION FORM: Please register me for the 28th Annual ODONA/LTC Convention, March 26, 27 and 28, 2017

PLEASE USE A SEPARATE FORM FOR EACH PERSON. Reproduce this copy as needed.
Please Print Clearly

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Facility: _____ Position: _____

Facility Address: _____ Facility Phone (_____) _____

City: _____ State: _____ Zip: _____

Your License # and State: _____

Signature: _____ Date: _____

I will be attending the **Sunday** evening banquet * Yes ___ No ___

I will be attending the **Monday** evening banquet * Yes ___ No ___

**included with the convention fee, but we need a total count for each.*

REGISTRATION FEE(s)

Member Convention **\$300** (includes 3 days, breaks, lunches, banquet, exhibit hall)
***Register before January 15, 2017 and pay only \$250**

Non-member Convention **\$350** (includes 3 days, breaks, lunches, banquet, exhibit hall)
***Register before January 15, 2017 and pay only \$300**

Bring your ADON/Unit Mgr. for \$250 Registration Fee (please *complete separate registration form for each*)

One day **Member** Convention **\$225** - ___ Sunday Mar 26, ___ Mon. Mar 27 or ___ Tues. Mar 28

One day **Non-member** Convention **\$250** - ___ Sunday Mar 26, ___ Mon. Mar 27 or ___ Tues. Mar 28

Total enclosed: \$ _____ Make checks payable to: "ODONA/LTC"

Payment must accompany this registration form

Mail check with Registration Form(s) to:

ODONA/LTC
433 W Johnstown Road
Gahanna, OH 43230

Contact Embassy Suites Dublin for your room reservations. Ask for the special ODONA rate.

For convention questions, please call or email: 866-226-3662 odonaltc@gmail.com