

THE OHIO ACADEMY OF SCIENCE

Link to full program:
[http://www.ohiosci.org/OJS110\(1\).pdf](http://www.ohiosci.org/OJS110(1).pdf)

119th Annual Meeting
April 9-10, 2010
Ohio Northern University

Advance registration must be received by April 2, 2010

ALL MEETING ATTENDEES MUST REGISTER: Access to sessions by name tag only. Name tag, information packet and receipt will be available at the meeting. Please return the completed registration form along with the appropriate fees to the address below by April 2.

Each person must use a SEPARATE REGISTRATION FORM
Combined payments for several forms may be entered on one form if one person or employer is paying for all of them. Attach all forms with a note to explain.

Please copy this form as needed.

An Adobe PDF online fill-in form is available at
<http://www.ohiosci.org/LakeSymposiumRegForm.pdf>

PLEASE PRINT OR TYPE

Check: _____ Ms. _____ Mrs. _____ Mr. _____ Dr.

Name _____
First Middle Last

Job Title _____

School, Organization, Agency, Institution, or Employer

Is the following a home address? _____ Yes _____ No
Students MUST use home, dorm or apartment address.

Address _____

City _____

State _____ Zip _____ Ohio County _____

Work Phone (_____) _____

Home Phone (_____) _____

FAX (_____) _____

EMAIL (_____) _____

SYMPOSIUM:
Water Quality of Ohio's Lakes:
Inland and Erie

Saturday, April 10, 2010

9:00 AM-3:30 PM

Ohio Northern University, Ada

Meyer Hall of Science

Auditorium 107

Special symposium only fee \$20 if paid by April 2;
\$30 thereafter.
Student discounts below.

Professional \$20 if paid by April 2; \$30 thereafter.

No. _____ @ \$ _____ = \$ _____

Student

After April 2

1-4 students each No. _____ @ \$ _____ \$20 \$30

5-10 students each No. _____ @ \$ _____ \$15 \$30

11 or more students each No. _____ @ \$ _____ \$10 \$30

TOTAL ENCLOSED \$ _____

METHOD OF PAYMENT

NO REFUNDS AFTER April 2, 2010. Returned checks subject to a \$30.00 fee.

Only registrations paid by Purchase Order, VISA, or MasterCard will be accepted by FAX at 614/488-7629.

_____ Check enclosed payable to The Ohio Academy of Science

_____ This copy confirms a FAXed registration

_____ Purchase order enclosed No. _____

_____ Online payment http://www.ohiosci.org/index_store.html.

Please charge my Credit card _____ VISA _____ MASTERCARD

Billing address for card _____

Billing phone (_____) _____

CardNumber _____

Exp. Date _____

3-digit Security Code (last 3 digits on **back** of card) _____

Cardholder's signature _____

MAIL FORM WITH PAYMENT TO:

The Ohio Academy of Science

PO Box 12519

Columbus OH 43212-0519

FAX 614/488-7629