

34th Annual Conference & Membership Meeting

September 22-24, 2021

Hilton Cincinnati Netherland Plaza 35 W. 5th Street t Cincinnati, OH 45202

First Name		Last Name	Last Name	
Organization		Address		
City, State, Zip		Phone		
Fax		E-mail		
☐ Please check here if you in this meeting. If so, attach			ccommodation in order to fully participate	
position or related field or		age.	ewer years of experience in a government finance	
□ No, I do not fit the Ohio	o GFOA definition of an Ea	arly Career Professional.		
and educational materials e	except Welcome Reception	•	NOT A MEMBER? Join Ohio GFOA TODAY and receive the member conference rate.	
Full Conference: One-Day Fees: Wednesday Only Thursday Only Friday Only	☐ Member \$160 ☐ Member \$160	□ Non-Member \$460 □ Non-Member \$235 □ Non-Member \$235 □ Non-Member \$185	☐ Yes, I would like to join Ohio GFOA. Please select the following membership type: ☐ \$140 Non-Governmental ☐ \$20 Associate (students, interns and retirees) Governmental or Non-Profit Budgets – check	
Welcome Reception - SC		230 ☐ Non-Member \$330	below \$40 - Under \$6 million \$60 - Under \$10 million \$65 - \$10-\$25 million	
Guest Fees - Not attending conference, only meal or social event			□ \$70 - Over \$25 million Please indicate membership category: □ Library	
Wednesday Guest Lunch Wednesday Welcome Re Thursday Guest Breakfa: Thursday Guest Lunch Friday Guest Breakfast	eception	\$25 \$45 \$25 \$25 \$25	☐ Township ☐ Municipality ☐ County ☐ School District ☐ Special District (i.e, water districts, parks, etc.) ☐ State Agency	
Grand Total Due \$			☐ Non-Profit	
Method of Payment - Paconference. Ohio GFOA payment is not received.	reserves the right to ref			
☐ Enclosed is my check	c made payable to: Ohio	GFOA (Ohio GFOA Tax I.D). #31-1229036)	
☐ Please charge my cre	edit card: Master	Card 🗖 Visa 🗖 Discover (Card □ AmEx	
Card #			Exp. Date:	
Authorized Signature:			Security Code:	
Billing Address:				

Walk-in Form