Please complete the following information and mail with your check to:

**AOHC; 110A Northwoods Blvd; Columbus, Ohio 43235**

**Fax Number: 614-781-9558**

**Email: aohc\_3@aohc.net**

**Date:** Click to enter a date.

**Name:** Click here to enter your name.

**Company Name:** Click here to enter your company’s name.

**Type of Industry:** Click here to enter your industry.

**Address:** Click here to enter your street address.

**City:** Click here to enter your city. **State:** Click here to enter your state. **Zip:** Click here to enter your zip code.

**Phone:** Click here to enter your phone. **E-Mail:** Click here to enter your email.

**Special Needs (Click all that apply):**

|  |  |
| --- | --- |
|[ ]  **Electrical Outlets** |[ ]  **Internet** |

**Nature of the Exhibit:** Click here to enter exhibit type.

**Names of Persons Attending:** Click here to enter your attendees.

|  |  |  |
| --- | --- | --- |
| **I am bringing a voluntary gift for the last day’s lunch drawing:** |[ ]  **Yes** |[ ]  **No** |

|  |  |  |
| --- | --- | --- |
| **I am interested in providing other educational opportunities (i.e., webinars):**  |[ ]  **Yes** |[ ]  **No** |

**Costs (Select your sponsorship):** Choose your sponsorship.

**Note: Exclusive sponsorship of the above activity (additional cost) - $1,500**

|  |  |
| --- | --- |
| **Additional meals at $50 per person/day** | **# meals Thursday** Click here to enter your # of meals. |
|  | **# meals Friday** Click here to enter your # of meals. |
| **Total # Meals at $50 =** |  **$** Click here to enter the total. |

**Special Meal (vegetarian, vegan, food allergies, etc.):** Click here to enter your preferences.

**Total Check enclosed: $** Click here to enter your check amount.

**Total Check to be mailed later: $** Click here to enter check amount.

**\* \* \* \* \* Deadline is August 31, 2025, to be included in conference program \* \* \* \* \***

**Please make checks payable to**: Association of Ohio Health Commissioners. Unfortunately, we cannot accept payment via credit card.

No requests for cancellation will be accepted or refunds issued after **August 31, 2025**. The Association of Ohio Health Commissioners Fall Conference Committee has taken every precaution against loss or injury but shall not be responsible for any loss, damage, injury, or theft that may occur to exhibits, exhibitors, or employees during or after the meeting. There will be no refunds for exhibitors who fail to show. Acceptance is not an indication of endorsement for any product or service by the Association of Ohio Health Commissioners.