

ASSISTANT PRINCIPALS CONFERENCE REGISTRATION
April 13-14, 2010 - The Columbus, A Renaissance Hotel (Please Print or Type)

Name _____ Title _____ OASSA Membership # _____
School _____ School District: _____ County _____
School Address _____
(Street) (City) (Zip)
District is: City ___ Local ___ Nonpublic ___ EVSD ___ JVSD ___ ESC ___ Community ___ School Phone (____) _____
E-mail address _____ Amount Enclosed \$ _____

Registration Fee: \$210 (OASSA Members) \$340 (Nonmembers) Registration fee includes lunch, coffee, sweet rolls, breakfast, hospitality, program, and materials.

Make check payable to **OASSA** and mail with this form to:

Ken Baker, OASSA Associate Executive Director
8050 North High Street, Ste. 180
Columbus OH 43235-6484



_____ Please check here if you are disabled and require special services. Attach a written description of your needs.

NOTICE: Registrants who cancel at least three (3) workdays before the date of the conference will not be charged or may request a full refund. Registrants who cancel fewer than three (3) workdays before will be charged for food costs. No shows and registrants who cancel the day of the conference will be charged the full registration amount.

Questions? E-mail <kbaker@oassa.org>
Fax: 614.430.8315 **Please refer to our website to check whether or not you are on the registration list.** <www.oassa.org>

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HOTEL RESERVATION - The Columbus, A Renaissance Hotel

50 North 3rd St., Columbus, OH 43215

OASSA Assistant Principals Conference - April 13-14, 2010

Telephone: 614-228-5050 Toll Free Number: 1-800-417-1057

YOU MAY REGISTER FOR A ROOM BY CALLING THE HOTEL OR MAILING THIS FORM

Arrival Date: _____ Departure Date: _____

_____ (One person, one bed) _____ (Two people, one bed) _____ (Two people, two beds)

Name _____ Street _____

City _____ Zip _____ Telephone & Area Code (____) _____

Single/Double Occupancy \$129 * (Plus 16.75 % tax) - **includes valet parking**

Check One: _____ Enclosed find my deposit in the amount of \$ _____ (one night's deposit/room)

_____ I would like to guarantee my reservation with the following credit card:

_____ VISA _____ Mastercard _____ AMX _____ Carte Blanche _____ Diner's Club

Credit Card No. _____ Expiration Date: _____

Check In Time - 3:45 p.m. • Check Out Time - 12:00 noon

In order to avoid long lines at the registration desk, please enclose a method of payment so that we may enroll you in the Express Check-in Program. We request that you either:

- Enclose a check or money order for your entire stay or
- Send us the entire number of your following credit card: American Express, Diners Club, VISA, Discover Card, MasterCard or Carte Blanche. Please do not forget the expiration date and your signature.

Deposits will be refunded only if cancellation notification is given up to 24 hours prior to arrival. Reservations requested beyond the cutoff date are subject to availability. Rooms may still be available after the cutoff date, but not necessarily at the above rate.

If reservation is phoned in to hotel or to the 800#, be sure to mention that the room is to come out of the block for the Ohio Association of Secondary School Administrators.

TAX EXEMPTIONS:

In order to qualify for tax exemption your billing must be handled in one of the following manners:

- Check made payable to **The Columbus, A Renaissance Hotel** from the tax exempt organization or
- Organizational credit card. Credit card billing address must be that of the school district.

In addition either or both sides of Ohio's blanket certificate of exemption and Columbus's certificate of exemption hotel/motel excise tax forms must be completed. A city tax (10%) exemption and state tax (6.75%) exemption--each requires separate numbers. Please see your school treasurer for additional information. Note that unless all of the above requirements are met, you are not eligible for tax exemption.