

Ohio Historic Preservation Office Workshops

Workshop Registration

Please complete one form for each person.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Check the workshop(s) and training session(s) you will attend:

Tuesday, December 9, 2008

Section 106 Review Project Summary Form Training Class / \$25 \$ _____

Discounts

Students Subtract 40% (*provide copy of current ID*) -\$ _____

Ohio Historical Society Members Subtract 10% -\$ _____

OHS Membership #: _____

Registration Total \$ _____

Check method of payment:

Purchase Order #: _____

Check enclosed payable to *Ohio Historical Society*

Visa MasterCard American Express Discover

Card Number: _____

Exp. Date: _____ CID#: _____

Name on Card: _____

Authorized Signature: _____

*Mail to: Ohio Historic Preservation Office
567 E. Hudson St., Columbus, OH 43211-1030
or Fax to 614 / 298-2037*