



**61st ANNUAL ATHLETIC ADMINISTRATORS STATE
CONFERENCE & WORKSHOP**
November 12-14, 2017
Hilton-Easton, Columbus

The Ohio High School Athletic Administrators Association, in conjunction with the Ohio High School Athletic Association, invites you to attend the 2017 OIAAA State Conference & Workshop. The site of this year's Conference is the beautiful Easton Hilton in the heart of the fabulous Easton Town Center, Columbus, Ohio. The Hilton is located at 3900 Chagrin Dr., Columbus, OH, 43219 and is convenient to I-270. Room reservations can be made by contacting the Hilton at (614) 414-5000 or by going to the following link:

http://www.hilton.com/en/hi/groups/personalized/C/CMHCHHF-OIF-20171108/index.jhtml?WT.mc_id=POG

Please remember to ask for the "OIAAA STATE CONFERENCE" room rate.

2017 OIAAA State Conference Registration

Name _____ School _____

School Address: Street _____ City: _____ Zip _____

E-mail: _____ Cell: _____ Secondary phone: _____

IMPORTANT: Indicate the OHSAA district to which your school belongs: **C E NE NW SE SW**

Circle YOUR CURRENT NATIONAL DESIGNATION (as applicable): **RAA RMSAA CAA CMAA**

REGISTRATION MUST BE POSTMARKED BY MIDNIGHT, NOVEMBER 1st TO AVOID LATE CHARGES – NO EXCEPTIONS

NOTE: ONLINE REGISTRATION WILL BECOME AVAILABLE BY AUGUST 1st

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CONFERENCE REGISTRATION FEE - REQUIRED OF ALL ATTENDEES

- _____ \$95.00 Conference Registration (paid OIAAA/NIAAA Dual member)
Member #: _____ (Member # can be found by signing in on NIAAA portal:
<http://www.niaaa.org/>. Go to your member profile and click on "Membership Card".
- _____ \$85.00 Conference Registration if **CAA** or **CMAA** paid Dual member. You must indicate on your AMP Profile this designation and will be verified by OIAAA administration.
- _____ \$195.00 Conference registration (non-OIAAA member)
- _____ \$200.00 **Late** Conference registration (if postmarked after November 1st)
- _____ \$85.00 **Retired** Athletic Directors Conference registration

Spouse Registration (*Complimentary* Spouse program on Sunday afternoon; see Conference Agenda for additional details). Name of spouse: _____
Contact e-mail for spouse: _____

PLEASE ENCLOSE TOTAL PAYMENT: \$ _____ **To be registered, payment must accompany registration form – P.O. Numbers not accepted**



_____ - Please check here if you are differently-abled and require special services. Attach a written description of needs.

Make checks payable to: RANDY KING, TREASURER--OIAAA, 12183 Watkins Rd., Marysville, OH 43040
OIAAA Vendor Tax I.D. No. 31-0897938 Please send stamped, self-addressed envelope if you wish a vendor tax record.

Cancellation Policy: "Registrants whose cancellation is received by November 9 will not be charged or may request a full refund. Registrants who cancel from November 10 through 13, will be charged for food costs. No-shows and registrants who cancel the day of the conference will be charged the full registration fee."