



# REGISTRATION

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**REGISTRANT**

Membership Status:  Marketer  Supplier  Member  Non-Member

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email *(confirmation sent via email only)* \_\_\_\_\_

**SPOUSE/GUEST** *(not employed in propane industry)*

Name \_\_\_\_\_

**CHILDREN** *(please use a separate page if bringing more than two)*

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**CONVENTION REGISTRATION PACKAGES** *Includes all programs and planned meal functions. Golf Outing not included.*

**ON/BEFORE JULY 20, 2018**

- |  |  |   |  |          |
|--|--|---|--|----------|
| 1. <b>Complete Package</b>                     | <input type="checkbox"/> Member \$210                      | <input type="checkbox"/> Non-Member \$285 | \$ _____                                     |          |
| 2. <b>OPGA Past President</b> <i>(retired)</i> | <input type="checkbox"/> Past President \$0                |   | \$ _____                                     |          |
| 3. <b>Spouse/Guest Package</b>                 | <input type="checkbox"/> Spouse of Member/Non-Member \$165 |   | \$ _____                                     |          |
| 4. <b>Child Package</b>                        | <input type="checkbox"/> Age 13 and over \$165             | <input type="checkbox"/> Ages 4-12 \$90   | <input type="checkbox"/> Age 3 and under \$0 | \$ _____ |

**AFTER JULY 20, 2018**

- |  |  |   |  |          |
|--|--|---|--|----------|
| 1. <b>Complete Package</b>                     | <input type="checkbox"/> Member \$285                      | <input type="checkbox"/> Non-Member \$360 | \$ _____                                     |          |
| 2. <b>OPGA Past President</b> <i>(retired)</i> | <input type="checkbox"/> Past President \$165              |   | \$ _____                                     |          |
| 3. <b>Spouse/Guest Package</b>                 | <input type="checkbox"/> Spouse of Member/Non-Member \$240 |   | \$ _____                                     |          |
| 4. <b>Child Package</b>                        | <input type="checkbox"/> Age 13 and over \$205             | <input type="checkbox"/> Ages 4-12 \$130  | <input type="checkbox"/> Age 3 and under \$0 | \$ _____ |

**OPTIONAL EVENTS** *Please indicate the number of registrants attending the following events. All events below are included in the registration fee.*

- Sunday Business Meetings**
- Sunday Welcome Dinner**      Adults/Child Over 13 \_\_\_\_\_      Child 4-12 \_\_\_\_\_      Child Under 3 \_\_\_\_\_
- Monday Continental Breakfast**      Adults/Child Over 13 \_\_\_\_\_      Child 4-12 \_\_\_\_\_      Child Under 3 \_\_\_\_\_
- Monday President's Reception and Dinner**      Adults/Child Over 13 \_\_\_\_\_      Child 4-12 \_\_\_\_\_      Child Under 3 \_\_\_\_\_
- Tuesday Breakfast Buffet**      Adults/Child Over 13 \_\_\_\_\_      Child 4-12 \_\_\_\_\_      Child Under 3 \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE >>

**70<sup>TH</sup> ANNUAL  
SUMMER CONVENTION  
AUGUST 5-7 ★ COLUMBUS, OHIO**

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**BOB MOLL MEMORIAL GOLF OUTING: TUESDAY, AUGUST 7**

**\$99 per person includes lunch, two drink tickets, greens fees for 18 holes and shared cart.**

1. Name \_\_\_\_\_ Handicap \_\_\_\_\_ \$ \_\_\_\_\_

**Please pair me with:**

1. Name \_\_\_\_\_ Handicap \_\_\_\_\_  Registered separately \$ \_\_\_\_\_

2. Name \_\_\_\_\_ Handicap \_\_\_\_\_  Registered separately \$ \_\_\_\_\_

3. Name \_\_\_\_\_ Handicap \_\_\_\_\_  Registered separately \$ \_\_\_\_\_

**OHIO STADIUM TOUR**

**\$40 per person includes transportation, box lunch and tour of the stadium.**

1. Name \_\_\_\_\_ \$ \_\_\_\_\_

2. Name \_\_\_\_\_ \$ \_\_\_\_\_

3. Name \_\_\_\_\_ \$ \_\_\_\_\_

4. Name \_\_\_\_\_ \$ \_\_\_\_\_

**PAC RAFFLE** *Payment must be by personal check or credit card*

I will bring prizes for the Ohio Propane Reverse Raffle  I want to purchase \_\_\_\_\_ reverse raffle tickets at \$100 each \$ \_\_\_\_\_

Contact me for personal credit card payment

**SCHOLARSHIP FUND/SILENT AUCTION**

I will bring a gift donation for the OPGA Silent Auction  I will make a monetary donation to the OPGA Scholarship Fund \$ \_\_\_\_\_

Description of Donated Item \_\_\_\_\_

**SPECIAL REQUESTS**

Please indicate here if you are disabled, require special services or have dietary restrictions. \_\_\_\_\_

**PAYMENT**  VISA  MasterCard  American Express  Check # \_\_\_\_\_ **Total Amount Due \$ \_\_\_\_\_**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Refund cancellations must be received by July 20, 2018 to receive a refund minus at \$25 processing fee. No refund granted after July 20, 2018.

Fax registration with credit card information to 517.485.9408 or send with check payable to OPGA to:  
OPGA | 605 N. High Street, #214, Columbus, OH 43215 | P 844.454.5338 | F 517.485.9408  
To ensure registration is received prior to the convention, please do not mail registration form after July 20.