



2010 Ohio 4-H Teen Conference Registration Form

Saturday, February 20, 2010
Greater Columbus Convention Center

Complete and return along with payment. Please **print** clearly.

Name: _____ County: _____

Street: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone (H): _____ Phone (W): _____

_____ Youth Volunteer _____ County Extension Staff _____ State Extension Staff

_____ Adult Volunteer _____ Other (please specify) _____

Do you have any dietary or access needs to accommodate a disability? Please indicate accommodation needed: _____

Workshops: List your first, second, and third choices for each time period. Indicate session choices found in the registration booklet.

	Session 1 9:00 am - 10:00 am	Session 2 10:15 am- 11:15 am	Session 3 11:30 am -12:15 pm	Session 4 2:00 pm - 3:00 pm	Session 5 3:15 pm - 4:15 pm
1st choice					
2 nd choice					
3 rd choice					

Registration Fees: Registration fees include conference fee and the recognition luncheon. Registration fees must be paid to attend any part of the conference and/or luncheon. Place the amount on the appropriate line:

Registration postmarked by February 5 (\$30) \$ _____
 Registration postmarked after February 5 (\$45) \$ _____

Send this registration form and your check to your county Extension Office. No refunds will be given after February 5, 2010

I understand that my child/charge is not required to participate in this activity, but grant permission for him/her to do so

Participant Signature

Date

Parent/Guardian Signature

Date