



REGISTRATION

NAME (S): _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

CITY/STATE/ZIP: _____

EMAIL: _____

_____ Number attending OCM conference @ \$75.00 = \$_____

**Thursday, August 8, registration begins 12PM, conference begins 1PM
and all-day Friday, August 9**

_____ Number attending reception and banquet @ \$50.00 = \$_____

Thursday, August 8, reception 5:30 PM, banquet 6:30PM

_____ Number attending lunch @ \$28.00 = \$_____

Friday, August 9, 12:30PM

Total Registration and Meals = \$_____

_____ **Attending OCM membership meeting, Saturday August 10, 9AM**

**Make check payable to OCM,
P. O. Box 6486,
Lincoln, NE 68506**