



SPOUSE/PARTNER REGISTRATION FORM



This form is required to receive nametags and tickets to meals and events for your Spouse/Partner.

The price of your Spouse/Partner registration is **\$50**. To ensure that we have accurate counts for meals and events, please select which meals and events your Spouse/Partner will be attending. *Classes are NOT included for the spouse/guest/partner.*

OFCA Member Registrant Name: _____

Spouse/Partner Name: _____

Email address for Spouse/Partner: _____

(We may contact your Spouse/Partner with details about a Partner program, however, we will not sell or use your Spouse/Partner email address for any other purpose)

Spouse/Partner Options			
Monday Lunch	<input type="checkbox"/>	Thursday Lunch	<input type="checkbox"/>
Tuesday Lunch	<input type="checkbox"/>	Presidential Banquet	<input type="checkbox"/>
Tuesday Reception	<input type="checkbox"/>	Retirees Lunch	<input type="checkbox"/>
Wednesday Lunch	<input type="checkbox"/>	Children 8 and Under	<input type="checkbox"/>
Wednesday Reception	<input type="checkbox"/>	Children 8 and Over	<input type="checkbox"/>
		\$90	
		Spouse Fee	<input checked="" type="checkbox"/>
		\$50	

Children Names (if applicable):

Payment Options for Spouse/Guest/Partner and Children *(if applicable)*: AMOUNT ENCLOSED \$

Charge my card in the amount of \$ _____. (Visa/MC/Discover) Enclosed is my check for \$ _____.

Name on Card: _____

Account #: _____ Exp. Date: _____ SIC/CODE: _____