



MEMBER PRICING & REGISTRATION SHEET

Note: Make your hotel reservations separately. A link will be sent to you via email when your registration is received.
Registration prices are for the registrant, please use individual day prices for partners or guests.

REGISTRATION OPTIONS	Early Fee (By 6/8/2026)	Regular Fee (After 6/8/2026)
FULL CONFERENCE PACKAGE: INCLUDES BREAKFAST, LUNCH, AND EVENING ACTIVITIES ON MONDAY-WEDNESDAY		
ACTIVE MEMBER REGISTRATION	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
FIRST TIMER SPECIAL (MEMBERS ONLY)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
ACTIVE RETIRED MEMBER REGISTRATION	<input type="checkbox"/> \$475	<input type="checkbox"/> \$600
NON-MEMBER REGISTRATION (Package includes individual membership through 9/30/26)	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
FULL CONFERENCE attendees will receive an OFCA Polo.	Please select shirt size: <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	
INDIVIDUAL DAY OPTIONS: INCLUDES BREAKFAST and LUNCH (do not use if you are purchasing a package above)		
MONDAY	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200
TUESDAY	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200
WEDNESDAY	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200
THURSDAY (INCLUDES BREAKFAST, NO LUNCH)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
PRESIDENTIAL BANQUET TICKET	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95
RETIREE CAUCUS & LUNCH	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55
PRESIDENTIAL DINNER		
I plan on attending the Wednesday Evening Presidential Dinner. Ticket included with Full Conference Package	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESIDENTIAL DINNER GUEST	<input type="checkbox"/> \$50	\$

TOTAL AMOUNT ENCLOSED

REGISTRANT NAME:	TITLE:		
FIRE DEPARTMENT:	EMAIL:		
DAYTIME PHONE:	FAX:		
MAILING ADDRESS:			
CITY: _____	STATE: _____	ZIP: _____	COUNTY: _____

PLEASE CHARGE MY CARD IN THE AMOUNT OF \$ _____ (Visa/MC/Discover) ENCLOSED IS MY CHECK FOR \$ _____

Name on card: _____ Account #: _____ Exp. Date: _____ SIC/CODE: _____

RETURN THIS FORM WITH PAYMENT TO:

OFCA OFFICE; 450 W. WILSON BRIDGE ROAD, SUITE 150; WORTHINGTON, OH 43085

NO INVOICING AVAILABLE

Please DO NOT share my department with the vendor