

AUGUST 5, 6, 7 2024
Embassy Suites Hotel
4554 Lake Forest Drive | Blue Ash, OH 45242



ANNUAL CONVENTION/FIELD DAY/TRADE SHOW

SUPPLIER REGISTRATION

COMPANY FULL REGISTRATION / DISPLAY SPACE AT EMBASSY SUITES(6 ft.Table) \$350.00

Includes all functions for 1 representative
and display space area for "Field Day" on Tuesday

Electrical access needed at the Embassy Suites Yes___ No___

If 'Yes' please bring extension cord

Will you be participating as a Supplier at "Field Day" Yes___ No___

If so, bring table if needed for literature

Will you attend Field Day with no display area needed Yes___ No___

Note: Golf Outing – Monday, August 5th (Sharon Woods Golf Course) not included

ADDITIONAL COMPANY REPRESENTATIVE REGISTRATION /GUEST/SPOUSE \$180.00

Includes all functions as described above

SPRING GROVE CEMETERY FIELD DAY REGISTRATION ONLY (Tuesday, August 6)

\$100.00

Includes display space at Spring Grove Cemetery and lunch for two representatives

Additional lunches @ \$25.00 each

Please bring table if needed

GOLF OUTING - Monday, August 5th – Sharon Woods Golf Course –

11355 Swing Rd Blue Ash, OH 45241

\$ 65.00 per golfer

PLEASE MAKE YOUR CONVENTION REGISTRATION BY : FRIDAY– JULY 19, 2024

HOTEL INFORMATION:

Rooms have been set aside at the rate of \$157.34

Room Reservations must be secured no later than FRIDAY– JULY 19, 2024

to guarantee this rate. Follow link below to reserve or call 513-733-8900 and mention OCA

<https://www.hilton.com/en/attend-my-event/cvgbaes-xca-5d8ff91b-bac3-4bd5-a526-c8e90f7525e5/>

Complete registration form on reverse side

SUPPLIER COMPANY (Please Print)_____

SUPPLIER MEMBER REGISTRATION:

___ COMPANY FULL REGISTRATION @ \$350.00 \$_____

___ ADDITIONAL COMPANY REPRESENTATIVE REGISTRATIONS @ \$180.00
\$_____

___ SPRING GROVE CEMETERY FIELD DAY **ONLY** @ \$100.00 \$_____
INCLUDES REGISTRATION FOR TWO REPRESENTATIVES WITH LUNCH

___ ADDITIONAL COMPANY REPRESENTATIVE(S) FOR FIELD DAY **ONLY**
@25.00 EA # _____ \$_____

___ GOLF OUTING (Sharon Woods Golf Course) @ \$65.00 EA # _____ \$_____

NAME(S) _____

NAME(S) _____

TOTAL \$_____

Name(s) _____

PLEASE PRINT _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Return registration form with check payable to:
Ohio Cemetery Association 219 Webbshaw Drive Centerville, OH 45458
Questions: Please call or email Jan Burrowes with any questions:
937 885 0283 (Office) 937 604 0709 (Cell))
jburrowes5@gmail.com