

REGISTRATION FORM

Discovering Our Potential, Delivering Our Promise Ohio CDC Association 21st Anniversary Annual Conference November 2-4, 2005

Complete one registration form for each person registering. You may reproduce this form as needed. Please print.

Please register me for the Discovering Our Potential, Delivering Our Promise – Ohio CDC Association’s 21st Annual Conference

Your Organization _____ Your Name _____

Address _____ City _____ Zip _____

(_____) (_____) @ _____ http://www.
Telephone Fax Email Website Address

I would like information on obtaining an exhibit table for the conference. Yes No

Pre-Conference Workshops & Neighborhood Tours • Wednesday Morning (Please select one from the following:)

- | | |
|--|---|
| <input type="checkbox"/> Tour 1 – The Northeast Quadrant: Changing Perceptions & Revitalizing Communities
<input type="checkbox"/> Tour 2 – The Westside: Discovery, Recovery
<input type="checkbox"/> Tour 3 – Central City: Strategic Development Focused on Affordability | <input type="checkbox"/> Tour 4 – Discover how King Lincoln, Columbus’ Historic Jazz District is being Revitalized
<input type="checkbox"/> Workshop– Introduction to Universal Design in Housing Sponsored by the Ohio Department of Development, Ohio Housing Trust Fund |
|--|---|

Workshop Series I • 1:45 pm- 3:15 pm– Wednesday Afternoon (Please select one from the following:)

- | | |
|--|---|
| <input type="checkbox"/> Workshop 3 • Emerging Markets: CDCs Embrace Cultural Diversity
<input type="checkbox"/> Workshop 4 • Website Development – What’s Working for Nonprofit Organizations?
<input type="checkbox"/> Workshop 5 • Affordable Universal Design: How to Incorporate Universal Design into Your Housing Production. Sponsored by the Ohio Department, Ohio Housing Trust Fund | <input type="checkbox"/> Workshop 6 • The Qualified Allocation Plan for 2006 – What’s new?
<input type="checkbox"/> Workshop 7 • The Importance of Asset Building for Low Wealth Populations

I will attend the Luncheon: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetarian Luncheon Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Workshop Series II • 3:45 pm – 5:15 pm – Wednesday Afternoon/Evening (Please select one from the following:)

- | | |
|---|--|
| <input type="checkbox"/> Workshop 8 • Building Sustainable and Green Communities
<input type="checkbox"/> Workshop 9 • Creating Arts and Cultural Districts
<input type="checkbox"/> Workshop 10 • Underwriting the Underwriter
<input type="checkbox"/> Workshop 11 • Training Your Microenterprise Loan Review Committee
<input type="checkbox"/> Workshop 12 • Meet Your Match: new Methods to Fundraise for IDA Program Account Match | I will attend the Welcome to Columbus Reception and Silent Auction Sponsored by Huntington Bank <input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetarian Luncheon Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No

I will attend the Ohio CDC Association Bowling Event Fundraiser 7:30pm–11:00pm (Meet in hotel lobby to carpool) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Workshop Series III • 10:45 pm – 12:15 pm –Thursday Morning (Please select one from the following:)

- | | |
|--|---|
| <input type="checkbox"/> Workshop 13 • Institutional Partnerships: A New Emerging Business Opportunity
<input type="checkbox"/> Workshop 14 • Introduction to Supportive Housing for the Homeless
<input type="checkbox"/> Workshop 15 • Best Practices in Preventing Foreclosures
<input type="checkbox"/> Workshop 16 • Financing Your CDC’s Technology Needs | <input type="checkbox"/> Workshop 17 • Update on Resources for Community Economic Development

I will attend the Luncheon: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetarian Luncheon Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Workshop Series IV • 3:15 pm – 5:00 pm –Thursday Afternoon/Evening (Please select one from the following:)

- | | |
|---|--|
| <input type="checkbox"/> Workshop 18 • Obtaining Certification in the Field of Financial Education
<input type="checkbox"/> Workshop 19 • Creating Cultural and Arts Districts (repeated from Wednesday afternoon with different speakers)
<input type="checkbox"/> Workshop 20 • Latest News on State Affordable Housing Resources
<input type="checkbox"/> Workshop 21 • Best Practices: The Business Plan | I will attend the “Taste of Columbus” International Reception Sponsored by Fifth Third Bank and Fifth Third Bank CDC. Location: Fifth Third Bank, 5th Floor Meeting Rooms, State and High Streets <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Workshop Series V • 10:45 pm – 12:15 pm –Friday Morning (Please select one from the following:)

- | | |
|---|---|
| <input type="checkbox"/> Workshop 22 • Securing Your Title for the Future
<input type="checkbox"/> Workshop 23 • How the New Bankruptcy and Credit Laws are Changing Homebuyer Counseling
<input type="checkbox"/> Workshop 24 • The Promise of Social Entrepreneurship
<input type="checkbox"/> Workshop 25 • Federal Housing and Community Development Policy Update | <input type="checkbox"/> Workshop 26 • Discover E-bay as a Nonprofit Fundraiser

I will attend the Luncheon: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetarian Luncheon Preference: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Ohio CDC Association Photo Release

I hereby grant the Ohio CDC Association permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Ohio CDC Association and will not be returned.

I hereby irrevocably authorize the Ohio CDC Association to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Ohio CDC Association's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Ohio CDC Association from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature Date

Printed Name Date

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature Date

Parent/Guardian's Printed Name Date

Registration Fees

If you are planning to attend the entire conference (Wednesday, Thursday and Friday):

- Member Rate: \$215.00 per person** **Non-member Rate: \$265.00 per person**
 Student Rate: \$25.00 per day and a copy of your current student I.D. must be sent with registration

If you are planning to attend only one day of the conference (Wednesday, Thursday or Friday):

- Member Rate: \$100.00 per person** **Non-member Rate: \$150.00 per person**

Payment Methods • Please Check A Method of Payment Below

- Check Enclosed (made to Ohio CDC Association)** **VISA** **MasterCard**

Cardholder's Name (exactly as it appears on card) Card Number Expiration Date

Cardholder's Signature

Please FAX this completed page to (614) 461-1011 or email this completed form to celkins@ohiocdc.org, then mail your registration payment to: Ohio CDC Association, Annual Conference, Dept. 22, P.O. Box 182039, Columbus, Ohio 43218-2039.

Questions about the conference, or about becoming a member of Ohio CDC Association, please contact Celia Elkins, Director of Member Services at celkins@ohiocdc.org or call (614) 461-6392. Visit our website at www.ohiocdc.org for more information.

Deadline for Registration: October 26, 2005.

A late fee of \$20 will be assessed for registrations received after the deadline.

