

# OSMA Region 5 Workshop Dec. 4, 2009

Not enough spaces?  
Photo copy this form if  
you have more than  
10 students.

SHEET \_\_\_\_ of \_\_\_\_  
total sheets

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

School phone # \_\_\_\_\_

Adviser name \_\_\_\_\_ E-mail \_\_\_\_\_

Additional Advisers \_\_\_\_\_

Total # of Students attending \_\_\_\_\_ @ \$10 + # Advisers @ \$18 = \_\_\_\_\_ (+ OSMA dues)

Student Name (please print legibly)

Session choices 1 & 2 for a.m./1 & 2 for p.m.

*(see list - first come, first served -- list the session numbers)*

_____	/	_____
_____	/	_____
_____	/	_____
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_____	/	_____
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Fees are \$18 per adviser and \$10 per student plus \$75 per school for OSMA Membership if you have not already joined..  
Make check payable to OSMA and mail to:

Candace Perkins Bowen  
201B Franklin Hall, School of JMC  
Kent State University  
Kent, OH 44242

**MUST BE RECEIVED BY NOV. 20**