Columbus OHS Convention Registration
JULY 26 – 31, 2020

STEP ONE
First Name____________________________ Last Name____________________________
Address________________________________ City____________________________ State____ Zip_________
Email (PLEASE PRINT CLEARLY) _____________________________________________________________

STEP TWO
NAME ON BADGE: ____________________________

Please identify any mobility concerns. _____________________________________________________

The OHS welcomes all members to its conventions. Our ability to assist members in accessing all venues is limited. OHS is unable to provide, nor accept responsibility for, personal transfer service to anyone with acute mobility concerns. Consider bringing an attendant to assist you if your needs are substantial.

Please identify dietary restrictions - Gluten Free and/or Vegan_____________________________________

STEP THREE
I would like to help sponsor a Columbus Convention performance or Biggs Scholar (circle one)
☐ $50  ☐ $100  ☐ $250  ☐ $500  ☐ $other amount _____________

STEP FOUR
REGISTRATION: Please select the registration that suits your plans:

$359   OHS MEMBER – until 3/15 only  ☐
$150   Bus transportation package  ☐
$89    Awards Banquet (3-course meal)  ☐

$249   Under 30  ☐
$559   NON-MEMBER

☐ $35   PRELUDE 1 – Saturday Museum tour (incl bus)
☐ $70   PRELUDE 2 – Sunday Train & Organ Tour (incl bus)
☐ $70   POSTLUDE – Friday Cincinnati – (no bus)
☐ $110  POSTLUDE – Friday Cincinnati (with bus incl)

DAILY REGISTRATIONS
Sunday only   $40  ☐  Bus package $25  ☐
Monday only   $115 ☐  Bus package $45  ☐
Tuesday only $130 ☐  Bus package $40  ☐
Wednesday only $100 ☐  Bus package $41  ☐
Thursday only $120 ☐  Bus package $46  ☐

REFUND POLICY
Registration fees are refundable until June 1, 2020 minus a $100 cancellation fee. After June 1, 2020 all registration fees are 100% non-refundable. Trip insurance is highly recommended.
STEP FIVE

$_____________ Total Payment

Make check, money order, or bank draft in U.S. Dollars payable to the Organ Historical Society
330 North Spring Mill Road, VILLANOVA, PA 19085

For payment by Credit Card, please complete below and indicate:

☐ Visa ☐ MasterCard ☐ Discover

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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call (484.488.7473)

Permission to Share Information

By checking this box, I give permission for the Organ Historical Society to publish my name, address, telephone number, and email address as provided in the registration process. I also give the OHS permission to distribute the publication of this private information to all persons who attend the convention. I understand that the OHS has no control of such information once distributed and the OHS will not be held liable should this information fall into the possession of anyone other than a registered attendee of this convention.

☐ I give permission to OHS to share my information.

☐ I do NOT give permission to OHS to share my information