

2019 OAH Annual Meeting Registration Form

PROMO CODE (if applicable):

Please submit the completed form and registration fee to:
OAH Registration, Meetings Department, 112 N. Bryan Avenue, Bloomington, IN, 47408-4141

Registration forms must be received by March 21, 2019. All registration cancellation requests must be submitted in writing. Requests postmarked or e-mailed on or before March 21, 2019 will receive a refund less a \$45.00 processing fee. No refunds will be available after the March 21, 2019 deadline.

Contact Information:

First name _____ Middle _____ Last name _____

Address 1 _____ Address 2 _____

City _____ State/Province _____ Zip/postal code _____

Telephone _____

E-mail _____

Emergency Contact

Name _____

Telephone _____

E-mail _____

MANDATORY QUESTIONS

ADA | Do you require any special accommodations to attend the meeting? Yes No

Would you like OAH to share special events organized by exhibitors and sponsors with you? Information may include invitations to meal functions, focus groups, or other. **YOUR EMAIL WILL NOT BE SHARED** Yes No

NAME ON BADGE

AFFILIATION/SPECIALTY

Registration

Please select your registration category	Registration (until 3/21/19)	Onsite Registration (after 3/21/19)
Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$205
Member Adjunct/K12	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
Member Student	<input type="checkbox"/> \$88	<input type="checkbox"/> \$125
Nonmember	<input type="checkbox"/> \$235	<input type="checkbox"/> \$268
Nonmember Adjunct/K12	<input type="checkbox"/> \$180	<input type="checkbox"/> \$210
Nonmember Student (includes 1 yr membership)	<input type="checkbox"/> \$133	<input type="checkbox"/> \$160
Guest (max 2)*	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85

*Please attach any guest names to your registration

NEW | Institution Group Registration: If four or more individuals from one institution are registering to attend please call to receive a 15% per registration rate discount. Please call 812 855 7311 for a group discount or email a name, email, affiliation, and address of each registrant, as well as registration category to meetings@oah.org.

**Group rates are non refundable and cannot be combined with other discount offers including the speaker discount. Discount does not apply to any additional options, such as tour or meal tickets.

OAH Membership

If you are not currently a member of the OAH, join now and receive the discounted member registration rate.

Income-Based individual memberships

<input type="checkbox"/> \$245 / \$150,000 or above	<input type="checkbox"/> \$60 / Under \$45,000
<input type="checkbox"/> \$220 / Between \$100,000 & \$149,999	<input type="checkbox"/> \$45 / Retired
<input type="checkbox"/> \$160 / Between \$70,000 & \$99,999	<input type="checkbox"/> \$45 / Student with verification
<input type="checkbox"/> \$95 / Between \$45,000 & \$69,999	

Charitable Contribution

The OAH is a 501(c)(3) organization and gifts are tax deductible as allowable by law. All contributions made to the OAH through annual meeting registrations are designated to the General Operating Fund.

Contribution to OAH \$ _____

ADD-ONS

Workshops

Friday, April 5

\$10 | Overcoming the Online Divide

Saturday, April 6

\$0 | Crafting Your Book Proposal and Attracting a Publisher

\$0 | Adding "Humanities Grantwriter" to Your Professional Qualifications

Meals

Friday, April 5

\$65 | Women's Committee Luncheon

\$65 | SHGAPE Luncheon

Saturday, April 9

\$65 | LAWCHA Luncheon

Meet & Eat

City Tavern | \$33

Friday Saturday

Campo's Philadelphia | \$26

Friday Saturday

Knock Restaurant | \$30

Friday Saturday

Dim Dum Garden | \$25

Friday

Tours

Thursday, April 4

\$55 | Underground Railroad Tour

Friday, April 5

\$50 | Historic Black Churches

\$25 | Founding Fathers' Walking Tour

\$12 | Chinatown Walking Tour

Saturday, April 6

\$25 | Ghetto to Gayborhood

\$20 | Museum of American Revolution

\$35 | Eastern State Penitentiary

Sunday, April 7

\$47 | Work and Workers in Philadelphia

Payment Information

Total Amount Due \$ _____

Check Enclosed VISA / MasterCard / American Express / Discover

name as it appears on card

_____ authorized signature

_____ card number

_____ Exp. date

_____ security code

QUESTIONS?

812 855 7311 | meetings@oah.org

FOR FASTER SERVICE REGISTER ONLINE at oah.org/OAH19