

## EVENT REGISTRATION FORM

**PLEASE NOTE:** This completed form along with payment must be received before your registration is confirmed and your seat is reserved.

Print this form; provide all information below, Check payable to "PMI Central Ohio Chapter" and mail the registration and the check to the PMI Chapter office address: PMI Central Ohio Chapter, 1500 West 3<sup>rd</sup> Ave, Suite 120, Columbus, OH 43212. A separate form must be completed for each attendee.

For exact event fees and rates please visit our website

**Event Date:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

Are you a PMI Central Ohio Chapter Member?  Yes  No

PMI Member ID: \_\_\_\_\_ (Enter "0" if not a PMI member)

PMI Certification:  PMP  CAPM  None