Ohio Physical Therapy Association   On-Site Registration Form				
District / Group:	Date:			

Name	Address	City/State/Zip	Email Address	Member	Amount	Type of Payment

Name	Address	City/State/Zip	Email Address	Member	Amount	Type of Payment

Name	Address	City/State/Zip	Email Address	Member	Amount	Type of Payment
				Total \$		
District Representative Signature 1						
District Representat	ive Signature 2					

Total to be deposited \$ \_\_\_\_\_