

2017 OHCA Specialty Sign-Up Sheet

Name: _____

Address: _____

Phone: _____ Email: _____

	Number of People	Cost
Wednesday 9/13/17 Hospitality	_____	_____ \$0
Thursday 9/14/17 Health Seminar Dinner	_____	_____ <u>pay on own</u>
Friday 9/15/17 Lunch on Show Grounds	_____	_____ \$12
Saturday 9/16/17 Buffet Banquet & Auction	_____	_____ \$55
	Total	_____

Please return by August 23, 2017 with payment payable to "OHCA" to:

Donna Emery
114 Grist Mill Rd,
Schuylkill Haven PA 17972
570-739-7074
scentasia@aol.com