



Department
of Health

Ohio Department of Health

2020 ODH VIRTUAL New School Nurse Orientation Conference

PAYMENT FORM

To insure a record of your payment, you must enclose this form with your check or purchase order.

- Registration Fee: \$25.00 for the Live Virtual 2020 ODH New School Nurse Orientation Conference on August 14th, August 21st and 28th,

Make Check Payable to: Treasurer, State of Ohio

Mail to: Ohio Department of Health
P.O Box 15278
Columbus, OH 43215-0278
Attn: Accounts Receivable

Name: _____ School District: _____

The above named individual will be attending the 2020 ODH New School Nurse Orientation Conference on August 14th, August 21st and August 28th which will be a LIVE VIRTUAL conference.

Select one of the following payment types: Fee \$25

- ☐ Check Number # _____
On the check memo line, be sure to write the payment code C064
Payment by personal check is due no later than 10 days before the conference.

OR

- ☐ Purchase Order (P.O.) Number # _____
(Please be sure to include the name of the nurse attending, name of the conference and payment code C064 in addition to the district/agency name on the P.O.)

If you need assistance, please contact Susan Walker at (614) 466-1930 or susan.walker@odh.ohio.gov

REMEMBER TO INCLUDE THIS FORM WITH YOUR CHECK OR PURCHASE ORDER.