

The Ohio Support Group

of the
Transverse Myelitis Association

Winter Meeting Registration Form

Names of those attending: _____

Address: _____

Phone: _____ E-mail: _____

Number of adults: _____ (x \$14.50)

Number of Children (12 & under) _____ (x \$10.95)

Number of Children (3 & under) _____ (free)

Total number attending: _____

Total Cost: \$ _____

Please enclose a cashier's check or money order made out to the Radisson Hotel of the amount of your total cost. You may also use your VISA, Master Card, American Express, Discover or Diners Card by completing the credit card authorization form.

Credit Card Authorization Form

Credit card purchases can only be signed for by the person whose name appears on the face of the card.

Please photo copy the front and back of your card and mail along with this completed form.

I, _____ do hereby give my permission to the Hotel to charge my: (circle one)

AMEX Master Card Visa Discover Diners Club

My account number is: _____

My expiration date is: _____

I authorize the charges for the Ohio Support Group of the Transverse Myelitis Association Meeting and Luncheon on Saturday, January 24, 2004

Card holder's signature: _____

**Mail this form to: Robin Highfield
 Radisson Hotel
 7007 North High Street
 Worthington, OH 43085
 (614) 436-0700 phone
 (614) 436-5318 fax**

Please call the hotel for specific directions from your location.

Note:

If you would like to reserve a room at the hotel, there is a special rate for TMA members of \$74 + tax per night. When making your reservations, identify yourself as a TMA member to take advantage of this special rate. You will need to call the hotel to make room arrangements separately.