



Name of primary registrant: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Email address for confirmation: \_\_\_\_\_

Event name: \_\_\_\_\_

Event date: \_\_\_\_\_

If you are registering for an event with multiple options, which option(s) are you registering for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of attendees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Please send check payment to: The Ohio State University Foundation

P.O. Box 736096

Chicago, IL 60673-6096

For questions contact the Engagement Center at 1-800-762-5646.

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