



**Ohio Society of Professional Surveyors 2025 Fall Seminar
Registration Form
October 16-17, 2025
Warehouse Hotel & Champion Mill Conference Center Hamilton, Ohio**

Name: _____ Name for Badge: _____

Company Name: _____ Contact Phone: _____

Contact Address: _____

Email Address: _____ Professional Registration: (circle all that apply) P.S. P.E. S.I. E.I

PLSO Member (please circle) YES NO PLSO Chapter Affiliation: _____

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

REGISTRATION (select appropriate fee)

All registrations include attendance at all scheduled seminar sessions, breakfast, lunch, and breaks.

Type:	Member Rate:	Non Member Rate:
Full Registration (P.S., P.E., S.I., S.E.)	<input type="checkbox"/> \$299.00	<input type="checkbox"/> \$499.00
One Day Registration (Thurs. or Fri.) circle which day	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$399.00
<i>Student (currently enrolled in surveying program at least 6 semester hours)</i>		
Student Full Registration	<input type="checkbox"/> \$79.00	<input type="checkbox"/> \$119.00
Student One Day Registration (Thurs. or Fri) circle which day	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$79.00

☐ I am willing to moderate sessions at Fall Seminar.

HOTEL INFORMATION: Registrants are responsible for their own room arrangements.

The Warehouse Hotel has offered a group rate of \$125/night plus applicable taxes. Contact the hotel directly at 513-273-8300 and tell them you are with the OSPS Fall Seminar. **Reservation deadline is September 24, 2025.** The hotel address is: 600 North B Street; Hamilton, OH 45013.

PLEASE RETURN FORM WITH PAYMENT TO:

Professional Land Surveyors of Ohio
6797 North High Street, Suite 101
Worthington, OH 43085

Registration is confirmed when payment is received in full.

Deadline to register is October 9, 2025.

Contact OSPS at info@ohiosurveyor.org or
614-761-2313 with any questions.

Total and Payment

Registration Fee (from above) \$ _____

Payment type: Visa MC Discover Check (enclosed)

Card # _____

Exp. Date _____ Security Code _____

Cardholder Name _____

Billing Address _____

You DO NOT need to pre-select your sessions.

There is no spouse/guest program during the Fall Seminar

Refund Policy:

100% = 30 days prior
50% = 10-29 days prior
No Refund = 0-9 days prior