

# ohio o & p 2011 Annual Conference

Dear Ohio O & P Vendor,

As you may know, there has been a change to the Ohio O & P meetings.

This year there will be ONE Annual Meeting, scheduled Friday April 15 at the Columbus Hilton.\*

We invite you to join us as an exhibitor/sponsor for this important meeting. The Friday meeting offers a limited number of table top spaces so let us know as soon as possible if you would like to participate.

The Friday OOPA meeting content will focus on business, management, reimbursement and legislative issues and is attended by O&P facility owners and managers.

- **“Why You Can’t Get Your Claims Approved” - David McGill**, Vice President of Legal Affairs for Ossur Americas - **Special 2-hour session**
- **Documentation” 10 Ways Not To Get Sued - Jeff Michalenok**, President, Cailor-Fleming Insurance
- **Ohio BWC Updates - James Landon, RN**, Clinical Oversight Nurse for Prosthetics

Watch for the complete program schedule.

\*The OOPA meeting will be held in conjunction with the Ohio Chapter, AAOP meeting, Saturday, April 16. There will not be a Fall 2011 meeting.



## Easton Town Center



Sponsor registration will be accepted on a first come-first served basis !

# OHIO O & P Annual Meeting

## Meeting Location and Accommodations

The 2011 Annual Conference will take place at the The Hilton Columbus, located in the popular Town Center at Easton, a shopping, dining and entertainment center just 3 miles from Port Columbus International Airport and 10 minutes from downtown.

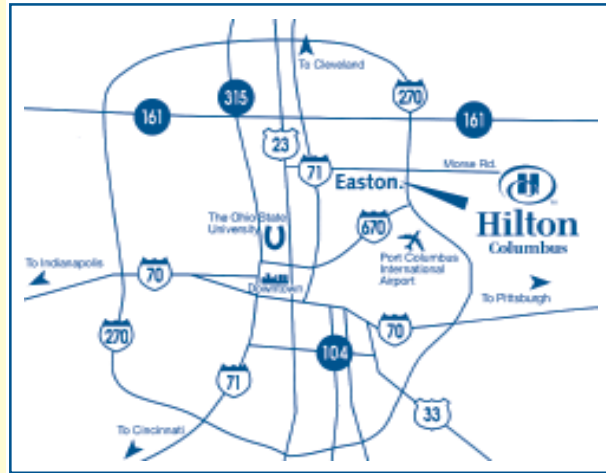
**Call for the Special  
Ohio O & P Room Rate of  
\$175.** (cut-off date for the O & P  
room block is March 19.)

614/414-5000

Ask for Group Code: Ohio O & P

Columbus Hilton  
3900 Chagrin Drive  
Columbus, Ohio 43219

## Columbus Hilton Easton Town Center



## Exhibitor/Sponsor Registration

Registration includes one table-top vendor space, Friday Seminars, Continental breakfast, Friday lunch and evening Reception. Sponsors will be listed on promotional materials, on the web site, the printed program and signage during the meeting.

Name \_\_\_\_\_ Company \_\_\_\_\_

Telephone \_\_\_\_\_ Member  Non Member

Persons Attending: Member

First Person \_\_\_\_\_  \$450

Additional persons, same facility \_\_\_\_\_  \$150

If paying by check please return completed form and check payable to "OOPA" to :

OOPA  
PO Box 3188  
Dublin OH 43016

Total Enclosed \_\_\_\_\_

Or payment by credit card:

Name on credit card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date: \_\_\_\_\_