

HYATT REGENCY HOTEL

Columbus, OH

Delaware Ballroom

Tuesday, October 25, 2005

Keynote Address and Dialogue

“The Tipping Point - Weathering the Storm”

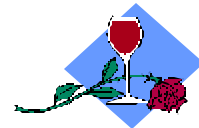
Joyce Thomas, Regional Administrator

Region V ACF

4:30 p.m. to 6:00 p.m.

***Head Start Agency Key Staff,
Board Members and Parents
are invited to attend***

6:00 p.m. cheese and cracker reception – cash bar



6:30 p.m. Dinner with Special Presentations



Forging Our Future... Together

Strength Through Partnership

Region V Conference • October 24-28, 2005 • Columbus, Ohio

Sponsored by: Region V Head Start Association & Mid-America Community Action Association

Dinner with the Regional Office

Tuesday, October 25, 2005

Registration Form

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Complete one form per participant

If, under ADA, you require special services, please submit request in writing by September 26, 2005.

Dinner: \$45.00

DEADLINE FOR REGISTRATION

Paid registration MUST be received at the OHSAl office by Friday, October 14, 2005

There will be no on-site registration for this event

Refunds will not be made but alternate participants may attend.

Please make checks payable to and mail or fax forms to:

Region V Conference
PO Box 41100
Dayton, Ohio 45441-0100
937/435-1113
937/435-5411 fax

Office Use:

Date Received _____ P.O. _____ Check # _____ Date of ch/po _____

Payment received _____ By _____ Amount Received \$ _____

Please complete one form per participant. If submitted together, multiple participants' payments may be included in single check. Please include a list of participants with any payment/PO submitted.

REGISTRATION FOR REGIONAL OFFICE KEYNOTE ADDRESS

The following people will attend the presentation by Joyce Thomas, Regional Administrator, but will not be participating in the dinner. **Those attending dinner will be named on the Dinner Registration form.**

Agency Name_____

Agency Address_____

City_____State_____Zip_____

Participants

Name_____Role_____

Name_____Role_____

Name_____Role_____

Name_____Role_____

Name_____Role_____

Name_____Role_____

Name_____Role_____

Name_____Role_____

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Name_____Role_____