

Reservation Form

Date: **Sept 18, 2014**

Place: Courtyard by Marriott
4375 Metro Circle NW, North Canton, OH 44720

Time: 5:30 pm – Registration
6:00 pm - Dinner
7:00 pm - Meeting

Cost: **Member \$25.00** **Non-Member \$30.00**

**Agenda: Ohio Child Support Payment Central
Brian Leonard-ODJFS-ACS a Xerox Co.**

50/50 Raffle will be held.

Reservations must be made by noon Thursday, Sept 11, 2014.

Please note – cancellations cannot be accepted after that date.

Reservation form can be e-mailed to kcollier@comdoc.com and the check sent via US mail.

Mail form and check to:

APA- Hall of Fame Chapter, PO Box 544, Green, OH 44232-0544

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Reservation Form

Hall of Fame Chapter of the American Payroll Association

Name(s) _____ CPP _____ FPC _____

Email Address _____

Check your choice of dinner(s). Dinner cost includes meal, coffee or iced tea, and dessert. Other beverages available at your own expense.

- _____ **Eggplant Parmesan**
- _____ **Potato Encrusted Scrod**
- _____ **Chicken Monterey**
- _____ **8 oz. NY Strip Steak**

(All meals, except Eggplant, come with Parsley Red Skin Potatoes and California Medley)

Company Name: _____

Amount Enclosed: _____