



## OT Calendar Postings:

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Basic Package: \$25.00**

- Name of Sponsoring Organization: \_\_\_\_\_
- Name of Event: \_\_\_\_\_
- Event Date: \_\_\_\_\_
- Event Time: \_\_\_\_\_
- Event Location (full address):  
\_\_\_\_\_  
\_\_\_\_\_
- Event RSVP Contact Phone Number/Email: \_\_\_\_\_  
\_\_\_\_\_

**Premium Package: \$50.00**

- Basic Package (please fill out above information)
- 25 word description of event (in a word document emailed to [shannon@otaonline.org](mailto:shannon@otaonline.org))
- Link to registration form/online registration (emailed to [shannon@otaonline.org](mailto:shannon@otaonline.org))
- Posting of 1 registration form/flyer/marketing material - \$5.00 extra charge for each 2<sup>nd</sup> and 3<sup>rd</sup> material posting. (emailed to [shannon@otaonline.org](mailto:shannon@otaonline.org))

|   |                                     |                               |                               |
|---|-------------------------------------|-------------------------------|-------------------------------|
| Payment Options: check one  |                                     |                               | <b>Total:</b> _____           |
| <input type="checkbox"/> Check  | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> AMEX |
| Credit Card Number _____  |                                     |                               |                               |
| Exp Date _____  |                                     | VCode _____                   |                               |
| Cardholder Name _____   |                                     |                               |                               |
| Cardholder Signature _____  |                                     | Date _____                    |                               |
| Submit Payment:   |                                     |                               |                               |
| <input type="checkbox"/> Fax to (916) 932-2255, or                            |                                     |                               |                               |
| <input type="checkbox"/> Mail to: OTAC, P.O. Box 276567, Sacramento, CA 95827 |                                     |                               |                               |

### Questions?

Contact Shannon Rutledge  
 (916) 567-7000  
 Fax: (916) 932-2255  
[shannon@otaonline.org](mailto:shannon@otaonline.org)