



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)
- Link to registration form/online registration (emailed to shannon@otaonline.org)
- Posting of 1 registration form/flyer/marketing material - \$5.00 extra charge for each 2nd and 3rd material posting. (emailed to shannon@otaonline.org)

Payment Options: check one			Total: _____
<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) 567-7001, or			
<input type="checkbox"/> Mail to: OTAC, P.O. Box 276567, Sacramento, CA 95827			

Questions?

Contact Shannon Rutledge
(916) 567-7000
Fax: (916) 567-7001
shannon@otaonline.org