



560 King Street, Charleston, SC 29403

## 2026 OFOA Annual Conference August 31 – September 2

*Note: This document must be downloaded and opened in Adobe Acrobat Reader.  
To enhance security, it will not work within a browser.*

### Franchise Owner Information

Franchise(s) store #: \_\_\_\_\_

Store Location City: \_\_\_\_\_ State: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

### Owner/Main Contact Information

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Second Guest: Co-Owner  Co-Owner/Spouse  Spouse  Employee/Guest**   
**Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

We have made hotel reservations at:  The Hyatt  Other \_\_\_\_\_

Our check-in date is \_\_\_\_\_ Our check-out date is \_\_\_\_\_

**Third Second Guest: Co-Owner  Co-Owner/Spouse  Spouse  Employee/Guest**   
**Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

We have made hotel reservations at:  The Hyatt  Other \_\_\_\_\_

Our check-in date is \_\_\_\_\_ Our check-out date is \_\_\_\_\_

**Fourth Second Guest: Co-Owner  Co-Owner/Spouse  Spouse  Employee/Guest**   
**Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

We have made hotel reservations at:  The Hyatt  Other \_\_\_\_\_

Our check-in date is \_\_\_\_\_ Our check-out date is \_\_\_\_\_

### Fees

**Convention Registration Fees: Early Bird - Before August 18, 2026 ... \$249 pp | After August 18 ... \$299 pp**

**RSVP What Will You be Attending?**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
	Owners Reception	Networking Lunch	Farewell Lunch/Awards
Attendee Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendee Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendee Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendee Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have special dietary requests: \_\_\_\_\_

**Payment Calculation & Information**

Early Bird Registration (*ends 08/18/2023*) \_\_\_\_\_ X \$249 = \$ 0.00      **Number of Attendees** 0

Standard Registration \_\_\_\_\_ X \$299 = \$ 0.00      **Total to Be Charged** \$ 0.00

Please submit/return this form to register.

*Payment accepted by check, or credit card.  
Please make checks payable to the Orkin Franchise Owners Association and mail to:  
OFOA Treasurer, Amy Hale, 629 Entler Ave., Suite 1, Chico, CA 95928  
If paying by Credit Card, complete the information below and click submit.*

Credit Card:  Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Signature: \_\_\_\_\_

Billing Address: (*if different from Page 1*) \_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_ Date: \_\_\_\_\_