

# MEMBERSHIP REGISTRATION

2017-2018

## CONTACT INFORMATION

Title/Position	Name	Email Address
Superintendent		
Technology Contact		
Curriculum Contact		

## MEMBERSHIP FEES

- Basic Membership**  
I understand I will be charged higher fees for services. **FREE**
- Advantage Membership**  
Number of Buildings/IRNs in District = \_\_\_\_ x \$100 per IRN = \$ \_\_\_\_\_
- Premium Membership**  
In addition to the above Advantage Membership Fee **+ \$2,100**

Return completed form to:



**Email** info@itsco.org  
**Mail** 1900 East Dublin Granville Rd  
Suite 108A  
Columbus, OH 43229  
**Phone** (614) 470-4488  
(877) 492-8938  
**Fax** (614) 895-4745

Send Payment to:

**Mail** WOSU Public Media  
2400 Olentangy River Rd  
Columbus, OH 43210  
**Email** business@wosu.org

## ADDITIONAL MEMBERSHIP SERVICES

- SAVE 20% on Professional Development Vouchers\***  
Number of PD Vouchers: \_\_\_\_ x ~~\$500~~ \$400 each \$ \_\_\_\_\_  
\*Payment must be received by **August 1, 2017**. Vouchers expire **June 30, 2018**.

**SAVE \$\$\$ NOW!**

## PAYMENT INFORMATION

<b>Registration Fee Total</b>	<input type="text" value="\$"/>	
<b>Purchase Order Number</b> <i>(if applicable)</i>	<input type="text"/>	
<input type="checkbox"/> <b>Please Bill</b> my school district after July 1, 2017 for the total amount due.		
<input type="checkbox"/> <b>Check Payment Enclosed</b> Check no.	<input type="text"/>	<i>(payable to WOSU Public Media)</i>
<input type="checkbox"/> <b>Credit Card Payment:</b>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MasterCard	Card Number	Expiration Date (MM/YYYY) Security Code
<input type="checkbox"/> Visa	Print Name on Card	Date (DD/MM/YYYY)
<input type="checkbox"/> Discover	Signature	Authorization code <i>(for office use only)</i>

## SIGNATURE OF AUTHORIZED SCHOOL ADMINISTRATOR

Print Name	Date (DD/MM/YYYY)
Signature of Authorized School Administrator	Title