



SECTION 1: MEMBER INFORMATION

Registration requires membership with CCBS. To complete an online membership form, click here.

Name (First & Last)

Email (name.#@osu.edu)

Department

Cell Phone # (emergency use only)

SECTION 2: ROOMING

CCBS will cover the cost of a shared double-queen room on Friday night. Members may pay additional fees for a private room. Please select one option from the following list. Room options are available on a first-come basis while supplies last. Spouses, partners and children are welcome to attend for additional fees.

- Shared Double-Queen Room (no cost)
- Roommate name and .#:
- OR assign me a roommate. Please note your gender identity:
Private Double-Queen, Bunk Bed Room (best for families) (additional cost of \$77.50)
Private King or Double-Queen Room (additional cost of \$77.50)

If non-affiliated spouses or partners are attending, please include their name below:

If children are attending, please include how many:

Important Lodge Policies: guests will need to present individual credit cards upon arrival. A per room incidentals hold will be placed on all guest's individual credit cards. All individual guest incidental accounts must be paid in full upon departure. All rooms are non-smoking.

SECTION 3: REGISTRATION & MEAL PLAN

Guests are responsible for a registration and meal fee, detailed below. Please select the most appropriate option.

- Faculty Member: \$100
Student/Post Doc/Researcher: \$40
Student/Post Doc/Researcher Cost Assistance: \$0 (you will be notified if funding is available)
Please select if you are requesting a fee waiver. Pls are encouraged to fund students and lab members if possible.

CCBS cannot pay expenses for non-affiliated guests (spouses, partners, children). Please select from the following list if you wish to pay for these options with personal funds.

- Spouse/Partner Meal Plan: \$90
Child Meal Plan: please select if you are interested in purchasing a child meal plan. Child meal options will be distributed at a later date and you may select which meals you wish to purchase.

List any dietary restrictions, if applicable:



SECTION 4: PAYMENT SUMMARY

Please total your costs from the previous sections. All fees must be paid by Sept 30, 2022.

Table with 3 columns: Item, Cost, Total. Rows include Double-Queen Room with Roommate, Private Room, Faculty Member Registration, Student/Researcher Registration, etc.

Payment Method: *Personal Funds: \$ _____ **University Funds: \$ _____

*If paying with Personal Funds, please make checks payable to The Ohio State University, Department of Psychology. Include 'Fall Retreat, Last Name' on memo line. Mail checks to Attn: CCBS, 225 Psychology Bldg, 1835 Neil Ave, Columbus OH 43210.

**If paying with University Funds, please provide the following fiscal information.

Journal Transfer Approval: _____ Fiscal Officer Signature Fiscal Officer Name.#

Table with 8 columns: Cost Center, Balancing Unit, Fund, Gift, Grant, Program, Project, Additional

Worktags are required to pay with University Funds. The Psychology Dept will initiate journal transfers with provided Worktags.

SECTION 5: REQUEST TO PRESENT

Faculty and students are encouraged to present a poster or give a talk at the Fall Retreat. If you are interested in presenting, please complete the following section. Presenters will be selected by CCBS after all requests have been received, talks are not guaranteed.

- I'm interested in giving a talk (talks will be 20-30 minutes in length).
I'm interested in presenting a poster (the poster session will take place on Friday evening).
I'm interested in either a talk or poster, to be decided by CCBS to best fit the program itinerary.

Talk/Poster Title: _____

Author(s): _____

SECTION 6: GROUP TRAVEL ARRANGMENTS

CCBS will provide an optional OSU charter bus for attendees. If you'd like to utilize this service, please mark the box below. Masks will be required on the bus for the duration of the trip to ensure the health and safety of all passengers.

- I would like to ride on the provided charter bus to and from the event. I agree to wear a mask while on the bus to ensure the safety of others. I understand that CCBS will provide information about the bus ride at a later date.

Please note, CCBS will not provide travel reimbursements for this event. If you wish to request a travel reimbursement from your home department, please work with your fiscal administrator to enter a travel request prior to the event.