



SECTION 1: GUEST INFORMATION

Name _____ Email (name.#) _____

Department _____ Cell Phone # (emergency use only) _____

Optional:

- ☐ Select if you will be attending with an OSU spouse or partner. They should also complete a registration form indicating the shared room option below with the other as preferred roommate. Each guest will need to pay the appropriate registration fee.
- ☐ Select if you will be attending with non-OSU spouses, partners, or children. CCBS will reach out to confirm additional details of your trip. Please note, you are required to cover the costs of non-affiliated guests at this event, including private room and meals.

SECTION 2: REGISTRATION

Registration includes a one-night stay at the lodge in a shared room, meals, and activities. Please select the most appropriate option.

- ☐ OSU Faculty Member: \$100
- ☐ OSU Student or Other OSU Member: \$40

List any dietary restrictions, if applicable: _____

List any access needs or disability accommodations, if applicable: _____

SECTION 3: ROOMING

CCBS will cover the cost of a shared double-queen bedroom, or guests may upgrade to a private room. Please select one option from the following list.

- ☐ Shared Room: \$0
 - Roommate email (name.#): _____
 - or Assign me a roommate. Please note your gender identity: _____
- ☐ Private Room: \$80 *required option for anyone attending with non-OSU affiliated guests

Lodge policy: All rooms are non-smoking.



SECTION 4: RIDE SHARE (OPTIONAL)

Ride share is voluntary but recommended to reduce the cost of travel. CCBS will attempt to match those in need of a ride with those willing to drive. If you drive others, CCBS will provide mileage reimbursement for your trip.

- ☐ I need a ride to and from this event.
- ☐ I am willing to drive and provide a ride to others.

SECTION 5: REQUEST TO PRESENT (OPTIONAL)

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 are 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: PAYMENT SUMMARY

After submitting your application, you will receive an invoice for this event based on your selections.

OSU members may pay with University funds (worktags) or personal funds. Non-OSU members must be paid for with personal funds (check or credit card). Payment is required before the start of the event.

Many times, labs and PIs have funding for events like this. Students are encouraged to ask their PI before using personal funds.

- ☐ Select if your costs will be covered by your lab or PI. We will include all lab members on one invoice.
 - Name of PI: _____
- ☐ Select if you do not have available University funding and would like to apply for a registration fee waiver (limited, not available to faculty)

Please email your completed registration form to ccbs@osu.edu. Thank you for your interest in the Fall Retreat!