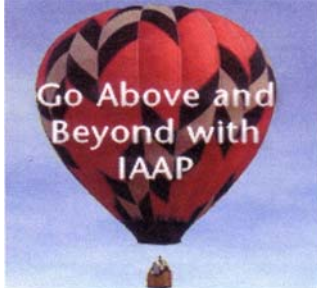


International Association of Administrative Professionals® Columbus Chapter

8 East Long Street, Room 428
Columbus OH 43215
www.iaap-cols.com



Outlook Tips & Tricks April Meeting

This April, Sam Gill III CPS, returns to teach us more Outlook tips and tricks. Sam will cover: To Do Lists, Tasks, Calendar Options, Shortcuts, Keeping the In-Box Clean and so much more.

This is also the Columbus Chapter's Annual meeting and we will be voting on the offices for the 2009-2010 Board of Directors. If you are interested in being nominated from the floor for an officer position at the Annual meeting, remember you must notify the Nominating Committee Chair, Linda Mettle CAP, two weeks prior to the meeting date.

Join us on Wednesday, April 22, 2009, Administrative Professionals Day, for this beneficial presentation and the election of the 2009-2010 Board of Directors.

Meeting Registration April 22, 2009

NETWORKING: 5:30 p.m. **MEETING:** 6:00 p.m. **PROGRAM:** 6:15 p.m.

LOCATION: LifeCare Alliance
670 Harmon Ave, Columbus, OH 43222
Phone: 614/324-5930

MENU: Mixed Green Salad with assorted dressings, Beef Tips Gorgonzola, Buttered Linguine, Green Beans Almandine and Dinner Rolls. Apple Spice served with Coffee, Tea, Sodas and/or Water.

Check here if you would like a vegetarian meal.

DINNER/MEETING COST: \$22.00 Chapter Member \$26.00 Member at Large/Non-Member
MEETING COST ONLY: \$ 5.00 Chapter Member \$15.00 Member at Large/Non-Member

MAIL TO: Joanne Eitel CPS/CAP
9050 Water St.
Orient, OH 43146
(w) 614.445.2830 (c) 614.309.8687
(f) 614.542.6182
E-mail: EitelJ@Grangeinsurance.com

Please check all that apply:
 Guest
 Meeting ONLY
 Past President

*Reservations/Cancellations must be RECEIVED no later than **Wednesday, April 15, 2009.**
(Deadlines will be adhered to—your cooperation is appreciated—There will be a \$30.00 charge for returned checks)*

April 22, 2009 Meeting
Make all checks payable to COLUMBUS CHAPTER, IAAP

NAME: _____
COMPANY NAME: _____
PHONE: _____
Email: _____
ADDRESS: (Billing address is required for credit card processing)

CHECK DISCOVER M/C VISA
Amount Remitted: \$ _____

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Signature _____ Expiration Date _____

Save my credit card number for future reservations