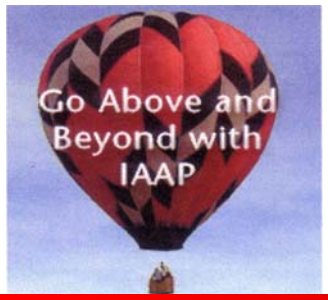
June Program

International Association of Administrative Professionals®
Columbus Chapter
8 East Long Street, Room 428
Columbus OH 43215
www.iaap-cols.com



2009-2010 Board of Directors

Join us at our June Chapter Meeting when we will install the 2009-2010 Board of Directors. This meeting will be full of surprises as we say farewell to a year that has gone "Above and Beyond" and learn about what is in store for our Chapter as we "Focus on 2015."

At this meeting, we will travel back in time and then land on the threshold of the future, a meeting no member should miss. See what part you can play as our Chapter evolves into the next stage of its life and ventures towards another 60 plus years! Learn about the new ways in which we plan on connecting with our members, how we plan on offering more opportunities for our members to earn recertification credits, and so much more!

Meeting Registration
June 18, 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 Marsala, Cheesy Potatoes, Broccoli Parmesan, and Dinner Rolls. Carrot Cake served with Coffee, Tea, Sodas and/or Water.

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☐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, June 10, 2009**.*
(Deadlines will be adhered to—your cooperation is appreciated—There will be a $30.00 charge for returned checks)

June 18, 2009 Meeting
Make all checks payable to COLUMBUS CHAPTER, IAAP

NAME: _____

COMPANY NAME: _____

PHONE: _____

Email: _____

ADDRESS: (Billing address is required for credit card processing)

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☐ CHECK ☐ DISCOVER ☐ M/C ☐ VISA

Amount Remitted: $ _____

_____ _____
Signature Expiration Date

Save my credit card number for future reservations ☐