Propagating the Work Disability Prevention Paradigm for Disability Benefits & Workers' Comp Systems Across North America

OPPORTUNITY TO SPONSOR A UNIQUE EVENT

Would your organization benefit from lending visible support to the upcoming **PREVENT NEEDLESS WORK DISABILITY OF OHIOANS LEADERSHIP SUMMIT**?

This leadership summit is being held **Friday, March 14, 2008**. It is part of a **national grassroots initiative called the 60 SUMMITS PROJECT**[1] to **convene multi-stakeholder workshops** in each of the 50 US states and 10 Canadian provinces. These project events are **designed to**:

- **Invite all parties who have an impact on whether injured or ill workers are able to stay at or return to work**. This includes a variety of stakeholders: employers, healthcare providers, workers, claims administrators, managed care companies, unions, legislators, judges, lawyers, etc.
- **Explore a fresh new model** for workers' compensation and disability benefits systems and **build a shared positive vision** for how the stay-at-work and return-to-work process should go.
- Use as the framework for discussion the **widely-acclaimed ACOEM**[2] **guideline**[3] **entitled "Preventing Needless Work Disability by Helping People Stay Employed.**"
- Develop an **action agenda**, and create a consortium or coalition **to turn those plans into realities**.

The March 14, 2008 event is being planned and hosted by the Ohio Chapter of the 60 Summits Project. We are **a group of volunteers from a variety of professions and organizations** who are passionate about promoting healthier working lifestyles and preserving the employability of Ohio's workforce while at the same time protecting the productivity and profitability of Ohio's employers. We will appreciate your sponsorship because it will add credibility and financial support to help achieve our mission.

What do sponsors receive? Sponsors usually choose to support 60 Summits Project events because:

- They want to make a contribution to worthwhile activities, and see underwriting this inspiring grassroots effort as a means to prevent needless work disability and improve "the system" in Ohio as the right thing to do.
- They see their own organization as a potential beneficiary of this effort, and want to assure its success by providing visible endorsement as well as financial support.
- Their organization will benefit from being visibly associated with cutting edge thinking and an initiative that is hailed as **"brilliant and fresh . . . a blueprint for positive change."**
- All sponsors that contribute at least $1000 to this event will be listed prominently by name and logo on marketing and handout materials, and will receive complimentary passes to attend the Summit.

If you would like to learn more, attached are:

1) A brochure about the March 14 Ohio Leadership Summit
2) A list of the local professionals leading this effort in Ohio
3) Our mission statement
4) A brief Introduction to the ACOEM work disability prevention guideline

If you would like to become a sponsor, call 508-358-8096 to pay by credit card or complete the attached form, make your check payable to 60 Summits Project-Ohio Summit and send it to:

60 Summits Project – Ohio Chapter, 24 West 39th Street, Shadyside, OH 43947

You may also contact Rick Wickstrom at 513-821-7420 or Rick@WorkAbility.US for more information.

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[1] The 60 Summits Project is an independent non-profit corporation. (www.60Summits.org)

[2] ACOEM is the American College of Occupational & Environmental Medicine (www.ACOEM.org)

[3] The guideline may be downloaded from ACOEM's website or from The 60 Summits Project website.

60 Summits

PREVENT NEEDLESS WORK DISABILITY OF OHIOANS LEADERSHIP SUMMIT MARCH 14, 2008

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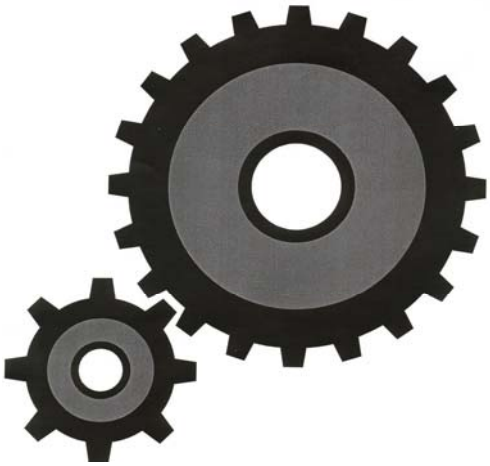

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PREVENT NEEDLESS WORK DISABILITY OF OHIOANS LEADERSHIP SUMMIT

SPONSORSHIP CONTRIBUTION FORM

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Sponsor Level: ☐ GOLD($1000+) ☐ SILVER($500) ☐ BRONZE($250)

All sponsors will be prominently listed on handout materials. **Additionally:**

- **GOLD Sponsors will receive two complimentary registrations to actively participate in this leadership summit and a 4x8 display table**
- **SILVER Sponsors will receive one complimentary registration OR a 4x8 display table**

Name to be displayed on Sponsor List _____

Note: If your would like your logo to be displayed on the sponsor listing, please email your logo (.tiff or .jpeg format) to Ohio60Summit@comcast.net)

What Stakeholder Group do you represent? _____

Persons designated from your organization to attend the March 14th Summit:

Please mail your sponsor contribution to the address shown below.

Your support is appreciated and your financial contribution will make a difference in achieving healthier working lifestyles among Ohioans!

60 Summits Project – Ohio Chapter * 24 West 39th St. * Shadyside, OH 43947

PREVENT NEEDLESS WORK DISABILITY OF OHIOANS

VISION

We intend to bring the new work disability prevention model for workers' compensation and disability benefits systems to Ohio. We want all parties who have a stake in the injured or ill worker's ability to work to collaborate and find better ways of preventing needless work disability. It does not matter whether the cause of their medical condition is work-related or not. It's our hope that out of the Ohio Summit we will create a structure to turn ideas into realities.

MISSION

Our mission is to convene a stakeholder Summit to build a shared positive vision of what the stay-at-work and return-to-work process should look like in Ohio. In the Summit stakeholders will start communicating and collaborating across boundaries to create better outcomes for Ohio's workers, employers and the state as a whole. We will utilize the American College of Occupational and Environmental Medicine's (ACOEM) Guideline entitled "Preventing Needless Work Disability by Helping People Stay Employed" as the framework for this workshop.

OBJECTIVES

1. Promote the adoption of the new work disability prevention paradigm for disability benefits and worker's compensation systems embodied in the American College of Occupational and Environmental Medicine's guideline entitled "Preventing Needless Work Disability by Helping People Stay Employed".
2. Establish and implement an effective mechanism to launch the common-sense and evidence-based recommendations made in the ACOEM guideline off the paper and into everyday use.
3. Create a non-partisan, broad-based group of stakeholders committed to propagating this new way of thinking throughout Ohio.
4. Focus our energies on creating an event in Ohio that will in turn create fresh thinking, action for change, and system improvements.
5. Plan and convene a Summit-type workshop for people of good will who are key stakeholders in Ohio – employers, workers, direct healthcare providers, worker's compensation and disability insurers and claims payers, managed care companies, policy makers, unions, legislators and other interested parties.
6. Ensure a Summit conference that will:
    - Introduce the new paradigm and ACOEM's sixteen specific recommendations to improve outcomes of health-related employment disruptions, prevent needless work disability, promote continued employability, increase economic productivity and control benefit costs;
    - Challenge participants to decide whether to implement the recommendations in their business, practice, community and jurisdiction;
    - Create a respectful, independent, and high quality environment in which the participants can communicate and collaborate with one another to identify concretely how to implement them;
    - Encourage champions to join with us and form an on-going group that will work together over time to actually carry out the strategies and action plans identified in the Summit.

SUMMIT PLANNING, PRODUCTION, AND FUNDING

This summit planning was inspired by Dr. Jennifer Christian MD, MPH, who led the task force that developed the ACOEM Work Disability Prevention Guideline. Dr. Christian initiated the 60 Summits Project as a follow-up to encourage grassroots implementation of the ACOEM guidelines in all 50 U.S. states and 10 provinces of Canada. Each summit is locally championed and produced by a multidisciplinary team of stakeholder representatives from the state or province. Expenses for producing the Summit are met by registration fees, local sponsor contributions, and grant funding. The non-profit 60 Summits Project provides partial matching grant funding, planning assistance, speakers and facilitators to encourage sharing of best practices and knowledge gained from summit experiences.

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ohiobwc.com

1-800-OHIOBWC

January 2, 2008

Ohio 60 Summit Project
c/o Terry Driscoll
24 West 39th Street
Shadyside, OH 43947

Dear Ms. Driscoll:

Thank you for forwarding me the brochure for the upcoming 60 Summits Project event.

The Ohio Bureau of Workers' Compensation has a long history of promoting initiatives that are aimed at keeping Ohio's workforce working, reducing disabilities and assisting injured workers to safely return to their jobs as soon as possible. We recognize that such an achievement is a reflection of an active collaboration between the individual who is injured, the employer and the medical and rehabilitation provider communities.

While there is widespread support for this concept of effective collaboration, the means for affecting it can sometimes prove elusive. It is encouraging to see that the desire to overcome the obstacles to successful return to work initiatives has found support through the leadership of committed professionals such as yourself and others who are bringing the 60 Summits Project to Ohio.

We at the Ohio Bureau of Workers' Compensation look forward to participating in this event and anticipate a lively and creative exchange.

Sincerely,

Tina Kielmeyer
Chief of Customer Services

Cc: Marsha P. Ryan, Administrator, Ohio Bureau of Workers Compensation
Robert F. Coury, Chief Medical Services & Compliance, Ohio Bureau of Workers Compensation
Stephanie A. Ramsey, Director Managed Care Services, Ohio Bureau of Workers Compensation

Introduction to ACOEM's New Work Disability Prevention Guideline: "Preventing Needless Work Disability by Helping People Stay Employed"

Jennifer Christian, MD, MPH
Chair, The 60 Summits Project
President, Webility Corporation

Note: This is not an ACOEM publication.

Executive Summary

The fundamental precept for physicians is "first, do no harm." However, physicians in practice see daily the contrast between well- and poorly-managed health-related employment situations and the harm that results. Identical medical problems end up having very different impacts on people's lives. The differences in impact cannot be explained by the biology alone. Physicians see devastating psychological, medical, social, and economic effects caused by unnecessarily prolonged work disability and loss of employability. They also see wasted human and financial resources and lost productivity. The physicians who developed the ACOEM guideline know that much work disability is not required from a strictly medical point of view.

Finding better ways of handling key non-medical aspects of the process that determines if an injured or ill person will stay at work or return to work will improve outcomes. Until now, the distinct nature and importance of the stay at work and return to work process (SAW/RTW) has been overlooked. Improvements to that process will support optimal health and function for more individuals, encourage their continuing contribution to society, help control the growth of disability program costs, and protect the competitive vitality of the North American economy.

The first half of the ACOEM work disability prevention provides the groundwork for readers to understand the second half. Most importantly, the first half describes the SAW/RTW process, how it works and how it parallels other related processes. The second half discusses factors that lead to needless work disability and what can be done about them. Sixteen sections with observations and specific recommendations are grouped under these four general recommendations:

1. Adopt a disability prevention model.
2. Address behavioral and circumstantial realities that create and prolong work disability.
3. Acknowledge the powerful contribution that motivation makes to outcomes and make changes that improve incentive alignment.
4. Invest in system and infrastructure improvements.

A group of 21 physicians[1] originally developed the Guideline because they felt compelled to speak. The insights they had gleaned about the preventable nature of much work disability must be shared. Their primary goals were to draw attention to the SAW/RTW process and to shift the way many people think. Their intent was to open a dialogue with all stakeholders in the workers' compensation and non-work-related disability benefits systems: employers, unions, working people, the insurance industry, policymakers, the healthcare industry, lawyers, and healthcare professionals, especially all physicians. They invite all of you to use the Guideline and work together towards solutions.

The full text of the ACOEM Guideline entitled *"Preventing Needless Work Disability by Helping People Stay Employed"* can be found at www.acoem.org under Policies & Position Statements / Guidelines.

[1] Seven medical specialties are represented in the group that developed the Guideline within ACOEM: emergency medicine, family practice, internal medicine, occupational medicine, orthopedics, physiatry, and psychiatry. Eleven have additional post-graduate degrees. They are in private medical practice, government, academia, heavy industry, as well as workers' compensation and disability insurance companies. They work in Canada and 15 of the United States. The Guideline was developed without any outside financial support.

Background

In order to build a more profound awareness among all stakeholders that collaboration is required to make the SAW/RTW process work better, please read this introduction and the guideline in its entirety. Every stakeholder will be more familiar with some parts than others, so you should focus on the portions with which you have less personal experience.

The North American workforce has been aging. The burden of chronic disease in the population and its resulting impact on function has been rising. Episodes of prolonged disability[2] due to common conditions such as depression and low back pain are becoming more common. As the population is aging, the fraction of the US population now receiving social security disability payments is also rising. Although the incidence of work-related injuries and illnesses has been falling steadily for the last several decades, the length of disability following work-related injury has been climbing, as have the number of medical services and their costs. Paradoxically, employers are paying for more -- and more expensive -- medical services but people are nevertheless losing more time from work for medical reasons.

The fundamental questions this paper is designed to answer are these:

1. Why do some people who develop common everyday problems like backache, wrist pain, depression, fatigue, and aging have trouble staying at work or returning to work?
2. How can employers and insurers work more effectively with healthcare providers to reduce the disruptive impact of injury, illness and age on people's daily lives and work, and help them remain fully engaged in society as long as possible?

The focus of the guideline is on the surprisingly large number of people who end up with prolonged or permanent withdrawal from work due to medical conditions that normally would cause only a few days of work absence. Many of those who end up receiving long-term disability benefits of one sort or another have conditions that began as common everyday problems like sprains and strains of the low back, neck, shoulder, knee and wrist, or depression and anxiety. As will be discussed below, prolonged work withdrawal (disability absence) by itself can produce unfortunate consequences, and averting them is an intended outcome of this guideline.

On the other hand, many of the people who receive disability benefits have severe illnesses like a major cancer or schizophrenia or have suffered catastrophic injuries such as amputations, blinding, major burns, or spinal cord injuries, or have had major surgery. These people, too, are susceptible to the influences described in this paper, although the effects may be overshadowed by the obvious difficulties of coping with medical problems of this magnitude, and the need to learn skills and methods to deal with any resulting impairments. In these cases, a prolonged period of work absence is often unavoidable. The traditional rehabilitation approach delivered by an array of professionals was designed to meet the needs of these people. The question still arises: what amount of this work disability could be prevented?

The guideline developers contend that a considerable amount of the work disability due to common everyday conditions (and an unknown fraction of the disability that follows more serious conditions) is avoidable, as are its social and economic consequences. They believe that a lot of work disability can be prevented or reduced by finding new ways of handling important non medical factors that are fueling its growth.

Until now, mitigating the impact of illness and injury on everyday life and work – with the goal of preventing needless disability, preserving function, and protecting quality of life – has not been within the traditional purview of medicine. It is time to broaden the scope.

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[2] In this guideline, the word "disability" is employed the same way that employers use it in their benefits programs and employment policies, and the same way that insurance laws, regulations, and policies do. In this context, "disabled" means someone who is absent from work or not working at full productive capacity for reasons related to a medical condition. Please note that confusion is common regarding the word "disability" since it is sometimes used to describe physical or functional impairments. For example, a person who has an impairment that affects one or more life functions is considered to have a disability under the Americans with Disabilities Act (ADA). However, people with ADA-qualifying impairments who are working at full productive capacity would NOT be considered disabled according to the guideline's definition, because they are at work.

Full implementation of many recommendations will require collaboration among all system participants, but forward progress can and is already being made by committed individuals and companies on their own.

Overview of the Guideline

The Guideline begins with a brief description of how the SAW/RTW process works by using a simple case example. There are two tables: one that shows how the process can escalate and increase in complexity through a series of iterations due to circumstances; and a second one with examples of different kinds of medical conditions that have very different impacts on function and work over time.

Next the relationship of the SAW/RTW process to four other parallel processes is described. Three are much more well-known and studied; the other has been studied in academia but largely ignored by disability benefits programs. The failure to distinguish among these separate processes underlies much current system dysfunction. These four other processes are:

- The ill or injured individual's personal adjustment (coping) process.
- The medical care process.
- The benefits administration process.
- The reasonable accommodation process under the ADA.

The second half of the paper consists of observations and recommendations about the current status of and potential improvements to the SAW/RTW process in North America today. Sixteen specific recommendations are described in groups under the four general recommendations. Each of the16 specific recommendation sections:

- Identifies specific challenges and non-medical factors that now combine to create needless disability and its negative consequences.
- Recommends ways that many of the issues can be addressed.
- Points out initiatives underway and best practices in preventing needless disability among working people who are faced with injury or illness.

The major points and recommendations made in this Guideline are:

I. Adopt a disability prevention model.

- Legislators, regulators, policymakers, and benefits program designers should address the reality that much work disability is preventable, and that successful SAW/RTW requires collaboration among several parties.
- Shift the focus of the SAW/RTW process away from certifying or evaluating work disability towards preventing it. Unless complete work avoidance is medically-required for healing or for protection of the worker, co-workers or the public, look for ways to prevent or reduce absence from work. Expecting and allowing people to contribute what they can at work and keeping them active as productive members of society is good for them -- and that includes each of us.
- Instill a sense of urgency to normalize daily routine because prolonged time away from work is often harmful. In only a few weeks, most people make adjustments and adopt a new view of themselves and their situation. Some people begin to think they are permanently disabled regardless of the medical facts. Once that idea is implanted, it is hard to shake.
- Employers, unions, and insurance carriers should devote more attention and resources to preventing disability by focusing on the "front end" of disability episodes while the window of opportunity to make the most difference is still open. In practice, this means ensuring that the right things happen during the first few days and weeks of work absence. Injured / ill workers should routinely receive the support and services they need to get their daily lives back to normal as soon as possible.

II. Address behavioral and circumstantial realities that create and prolong work disability.

- Acknowledge and address people's normal human reactions to illness and injury. Life disruption may be significant and hard for some to cope with. Failure to acknowledge this distress or offer help breeds trouble. Common courtesy may be all that is needed.
- Rather than ignore them, investigate and address social and workplace realities. Scientific research shows that workplace factors like job dissatisfaction or poor job fit have a powerful effect on disability outcomes. Despite reluctance to intervene, some issues can be readily resolved once brought to the surface.
- Reduce distortion of the medical treatment process by hidden financial and legal agendas. A physician who is kept in the dark is not necessarily more independent, and is vulnerable to manipulation.
- Find a way to effectively reduce disability due to psychiatric conditions, whether occurring in isolation or in combination with physical ailments. Do so in a manner that avoids creating more harm and pouring resources into ineffective physical or mental health treatment.

III. Acknowledge the powerful contribution that motivation makes to outcomes and make changes that improve incentive alignment.

- Pay doctors for disability prevention work in order to increase their commitment to it.
- Support appropriate patient advocacy by getting treating doctors out of a loyalties bind. Stop asking treating doctors to "certify" disability or to set a return to work date. Instead ask them about functional ability (unless there is a clear reason why it would be medically-inappropriate for the worker to do all work of any kind.)
- Increase availability of on-the-job recovery and transitional work programs. Make it faster and easier to arrange permanent job modifications since workers who stay active during recovery have better outcomes. Requirements or incentives for employer participation will be required.
- Good faith efforts should be required of the patient / employee, the doctor, and the employer to prevent or mitigate disability.
- Reduce cynicism and improve customer service to injured and ill employees by being more rigorous, more authentic and helpful, fairer, and kinder.
- Restore integrity to programs rife with minor abuse. Make people aware how minor benefits abuse breeds still more abuse and cynicism that in turn leads to negative and prejudicial treatment of innocent people.
- Devise better strategies to deal with bad faith behavior / exploitation / fraud. In particular, provide workers who believe they need help with alternatives to lawyers.

IV. Invest in system and infrastructure improvements.

- Programs are needed that will provide basic training to practicing clinicians on why and how to prevent disability, as well as why and when to disqualify patients from work. This education should encourage physicians and other healthcare professionals to broaden the focus of their care to include disability prevention and to develop clinical skills in this arena.
- Disseminate the scientific evidence regarding the benefit of staying at work and being active on recovery and preserving function. Doctors, patients and employers all need to know this.
- Improve information exchange between employers / payers and medical offices.
- Improve and standardize the methods and tools that provide data for SAW/RTW decision-making.
- Increase the study of and knowledge about the SAW / RTW process. Policymakers, government agencies, labor organizations, employers, insurance carriers, and interested

citizens should underwrite efforts to learn more about how the SAW/RTW process works and to understand its outcomes, and should support research to develop methods that prevent disability more often or more effectively.

The basis for each recommendation, along with suggestions for how to implement it, is described in the full guideline. A bibliography of literature references is arranged in groups that correspond to the sixteen specific recommendation sections.

Note to the Reader

For more discussion of the implications of the SAW/RTW process for the hands-on practice of medicine, please see:

- ACOEM's *"Consensus Opinion on the Attending Physician's Role in Helping Patients Return to Work After an Illness or Injury"* (see www.acoem.org / Policies & Position Statements / Consensus Opinions).
- The 2nd edition of ACOEM's *Occupational Medicine Practice Guidelines*, Chapter 5, entitled "Cornerstones of Disability Prevention and Management" (see www.acoem.org / Publications / Other ACOEM Publications).
- The American Medical Association's book *"A Physician's Guide to Return to Work"* edited by Drs. James Talmage and Mark Melhorn, who are among the authors of this guideline (see www.ama-assn.org).
- Webility Corporation's on-line continuing medical education course entitled "Talking About Ability to Work: Basic Disability Prevention for Treating Clinicians" accredited for 3.5 CME hours under a joint sponsorship agreement with ACOEM. The author is Dr. Jennifer Christian who led the development of this guideline (see www.webility.md).

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SPEAKER WILL BE
THE FOUNDER OF THE
60 SUMMITS PROJECT

DR. JENNIFER CHRISTIAN, MD, MPH

•Board-Certified

Occupational Medicine

•Expert healthcare paradigm-shift leader and management consultant.

•

- Chaired the American College of Occupational and Environmental Medicine (ACOEM) committee that produced the recent landmark report, "Preventing Needless Work Disability by Helping People Stay Employed".
- President of Webility Corporation; Founder and moderator of the Work Fitness & Disability Roundtable, a free multidisciplinary email discussion group with more than 1,000 members.
- Across America, stakeholders are spearheading change with their Summits. 60 Summits events have already been held in Northern California, Oregon, New Mexico and North Dakota. Summits will be held in early 2008 in Arizona, Florida, Minnesota and Ohio. Summit planning is now underway in British Columbia, Southern California, Montana, Massachusetts, Michigan, Texas, Quebec and Wisconsin.

Ohio Chapter of the International 60 Summits Project - a non-profit, interdisciplinary group of professionals that are committed to improving the work health of Ohioans.

60 Summits Project
Ohio Chapter:
24 W 39th St
Shadyside, OH 43947

60 Summits

PREVENT Needless WORK DISABILITY OF OHIOANS

Stay at Work/ Return-to-Work LEADERSHIP SUMMIT

Sponsored by:
OHIO CHAPTER
of the International
60 SUMMITS PROJECT

FRIDAY,
March 14, 2008

8am to 4pm

QUEST CONFERENCE
CENTER, Columbus, OH

"Preventing Needless Work Disability by Helping People Stay Employed"

SUMMIT AGENDA:

8-8:30: Registration

8:30-9:00: Welcome

9:00-10:30: Presentation

10:30-1:30: Small Group Work Sessions

Working Lunch

1:30-2:30: Small Group Reports

2:30-3:30: Panel Presentation

3:30-4:00: General Session

(Plan for next steps)

YOU WILL LEARN:

- how to bridge the gap between the medical office and the workplace to prevent work absence and job loss,
- how to build stronger relationships between employers and health care providers by improving communication,
- how return-to-work success depends on employer communication with both employees and healthcare providers during treatment and on-the-job recovery of the employee,
- techniques and tips for communication that reduce hassles, improves medical outcomes, protect jobs, improve business productivity and reduce delays.

ATTENDANCE IS LIMITED

877-60Summits (877-607-8664)

www.60summits.org

Ohio Info: 866-676-1710

THIS IS A WORKSHOP

NOT JUST A PRESENTATION……

- You will receive a copy of the ACOEM guideline prior to the event. Please come prepared to discuss it.
- Working in groups, you will be actively participating in creating concrete steps toward positive change for your organization, community and the state of Ohio.
- You will leave with fresh ideas, practical strategies, and a list of tangible next steps in order to improve the stay-at-work and return-to-work process.
- Lunch will be provided.
- A Reception will follow the workshop for those who wish to attend. (4-5pm)

WHO SHOULD ATTEND?

- **Physicians • Employers**
- **Psychologists •Chiropractors**
- **Legislators •Policy Makers**
- **Physical and Occupational Therapists**
- **Government/ Non-Profit Agencies**
- **Vocational Rehabilitation Professionals**
- **Human Resource Professionals**
- **Labor Unions •Adjudicators**
- **Case Managers •Benefits Managers**
- **Healthcare Providers •TPAs •MCOs**
- **Lawyers •Workers •Safety Managers**
- **Risk/ Claims Managers •Nurses**

The most positive outcome will occur if all parties are at the table and listening to one another— so, bring another stakeholder!!!

FAX registration TO:

866-907-5464

REGISTRATION

6O Summits/ Leadership Workshop

Friday, March 14, 2008

QUEST Conference Center

8405 Pulsar Place, Columbus, OH

ATTENDANCE IS LIMITED

Early Bird BY January 31

****

Name_____

Company_____

Address_____

_____

Phone _____

Email _____

What Stakeholder Group are You? _____

Please select your credentials:

_____CCM _____CDMS _____CLE _____CPC
_____CPA _____CRC _____CSP _____IACET
_____PHR/SPHR _____RN _____CME

FAX/ or Mail Registration and Payment to:

60 Summits Project-Ohio Chapter

24 West 39th St, Shadyside, OH 43947

CREDIT CARDS:

_____Visa _____MC _____AmEx

_____

CC Account # ExpDate

I authorize this charge to my account with my signature below.

_____

Signature Date

☐ **Early Bird Fee: $95**

☐ **After January 31 Fee: $ 125**

☐ **Will Attend 4-5pm Reception**