Class Reservation Form

Return completed form via e-mail: dscott@vfisoh.com.

Organization Name: _____

Billing Address: _____

_____

County: _____

Phone Number: _____

Insured with Ohio Public Risks: Yes No

Reservations Made By: _____
(Phone Number): _____
E-Mail Address: _____

Attendees:
1. _____ Email: _____
2. _____ Email: _____
3. _____ Email: _____
4. _____ Email: _____
5. _____ Email: _____

Class Attending: _____
Location: _____
Date of Class: _____

Online reservations can be made at Ohio Public Risks Insurance Agency.

Ohio Public Risks
INSURANCE AGENCY