



Ohio Township Administrators Network 2009 Fall Forum

Schedule of Events

| | |
|---------------------|--|
| 8:30 am | Registration (<i>continental breakfast provided</i>) |
| 9:00 am | Welcome |
| 9:15 - 10:15 am | Understanding the Impact of Foreclosures on Townships |
| 10:20 - 11:20 am | Orienting New Trustees <i>Miami University - Center for Public Management & Regional Affairs</i> |
| 11:25 am - 12:25 pm | Open Discussion <i>Topics include:</i> <ul style="list-style-type: none">- <i>Strategies/Tactics Townships are Using to Address Foreclosed Properties</i>- <i>How Your Township Orients New Trustees</i>- <i>Township Meetings (Distributing meeting content, video recordings, playback options)</i>- <i>Legislative Changes</i> |
| 12:30 - 1:00 pm | Lunch (<i>provided</i>) |
| 1:00 - 2:00 pm | Commission on Local Government Reform & Collaboration - Research for Commission <i>Miami University - Center for Public Management & Regional Affairs</i> |
| 2:05 - 3:05 pm | Budgeting Strategies & Finding Resources in an Uncertain Economy |
| 3:15 pm | Adjourn |

General Information

When:

October 2, 2009

Where:

Ohio Township Association
6500 Taylor Road
Blacklick, Ohio 43004

Cost:

\$50 for OTA members
\$60 for non-members

Method of Payment:

Check or credit card (Visa or
MasterCard only)

Registration Deadline:

September 25, 2009

Cancellation Deadline:

September 28, 2009

Purpose/Goal:

To educate township administrators on a variety of issues which will aid them in serving their townships in a more effective and efficient manner.

Questions:

For additional information, contact Heidi Fought, Director of Governmental Affairs, at 614-863-0045.

Please fill out a separate form for each registrant. Make all checks payable to Ohio Township Association. Payment for more than one attendee can be included in the same check. Mail to above address or, if paying by credit card, fax to 614-863-9751.

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Township/County: _____

Phone: _____ Fax: _____ E-mail: _____

Payment: Amount: _____ Check _____ Credit Card _____ Personal Township (please circle one)

Credit Card #: _____ Expiration Date: _____

Cardholder Signature: _____