

Ohio Department of Medicaid
Training Registration

Training Registration Instructions

- Please make sure to complete all required fields
- Registrations must be received two weeks prior to date of training
- Due to space limitations registrations will be confirmed on a first come, first serve basis
- When registering, If you are also an attendee, list yourself under “Attendee’(s) Registration”
- For groups larger than (10) attendees, please use multiple forms when submitting registration
- Attach the completed form and email to: Ombudsmen_training@medicaid.ohio.gov
- Your company / agency contact will receive an e-mail confirmation of registration
- If you have not received confirmation, you are not registered. Please resubmit this form
- Please share directions and parking information with other attendees
- To cancel, please notify us ASAP via Ombudsmen_training@medicaid.ohio.gov

Event Information

Name of Training Event	
Date Offered	
Company / Agency Name	
Contact Name	
Provider Number	
Contact E-mail Address	
Registration Total	

Attendee’(s) Registration

Attendee 1 Name	
Attendee 2 Name	
Attendee 3 Name	
Attendee 4 Name	
Attendee 5 Name	
Attendee 6 Name	
Attendee 7 Name	
Attendee 8 Name	
Attendee 9 Name	
Attendee 10 Name	
Attendee 11 Name	
Attendee 12 Name	
Attendee 13 Name	
Attendee 14 Name	
Attendee 15 Name	