



## OHIO DISTRICT KEY CLUB INTERNATIONAL

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### **MEMORANDUM**

TO: Advisors, Club Presidents, and Interested Parties  
FROM: Rhea Pasupuleti, Key Club Governor  
Jeffrey J. Eble, District Administrator  
SUBJ: District Leadership Conference Materials  
DATE: January 1, 2024

**The District Winter “Mailing” containing convention registration materials is posted on line at [OHKC.ORG](http://OHKC.ORG)**

We encourage you to visit the Ohio District Website to check out the Leadership Conference and register as soon as possible and join Key Clubbers from across the state in electing new leaders, learning about service and making new friends!

Contained on the website are:

- Convention Registration Packet
- Contest and Awards Packet
- Matching Scholarship Application Forms
- Executive Officer Candidate’s Packet
- District Appointed Officer Packet
- Lt. Governor Elections Packet
- Convention Delegate Form
- 24-25 Club Officer Elections Report Form

Enclosed is an Advisor checklist to help with registration, contests, and elections!!

We hope to see you all in Dublin, March 15-17, 2024 at the 75<sup>th</sup> Annual Ohio District Key Club Convention for fun and fellowship!!!!!!!!!!!!!!



5100 Upper Metro Place, Dublin, Ohio 43017  
Main Number 614-790-9000  
Fax Number 614-790-9001

The Dublin Embassy Suites Hotel is the host hotel for the [75th Annual](#) District Key Club Leadership Conference. All reservations must be sent DIRECTLY TO: **The Dublin Embassy Suites** along with payment information/purchase order. Also all tax forms must be submitted if applicable. Reservations for the hotel will be accepted on a first-come, first-serve basis or until contracted amount is met. Please do not mail the hotel registration to the Key Club District Office. The following information is provided to aid you in making your reservations. **The Ohio District is not responsible for room assignments or in arranging additional roommates.** This year the room rate is the same for all types of room occupancy. Depending on your tax status the following rates are as follows:

**Tax Exempt**  
**(Public Schools will need State and Dublin Exempt Forms (enclosed))**

**King Bed - \$124.00**  
**Double/Double Beds - \$129.00**

**Fully Taxable (17.50% included)**

**King Bed - \$145.70**  
**Double/Double Beds - \$151.58**

**Guest Services:** Restaurant serves breakfast, lunch, dinner and room service, Health Club, Gift Shop, Business Center, Complimentary Parking, and Express Check-Out

**Check In/Out Time:** Check in: [4:00 PM on Friday, March 15, 2024](#). Check out time: [11:00AM on Sunday, March 17, 2024](#).

**Room Requests:** The Hotel cannot guarantee specific room locations; however, every effort will be made to accommodate all requests. All reservations **must be received no later than [February 20, 2024](#)**, in order to receive the discounted group rate. Otherwise, full published hotel rates will apply and will also be conditional upon space availability basis.

## Hotel Registration Information

The Key Club of \_\_\_\_\_ H.S., Division \_\_\_\_\_ registers the following Key Club members and adults. Note: Gender of individual must be indicated. DO NOT mix males and females in room preference listed below. Please print or type.

Room One:	Circle Gender	Room Two	Circle Gender
1. _____	Male/Female	1. _____	Male/Female
2. _____	Male/Female	2. _____	Male/Female
3. _____	Male/Female	3. _____	Male/Female
4. _____	Male/Female	4. _____	Male/Female
Room Three:	Circle Gender	Room Four:	Circle Gender
1. _____	Male/Female	1. _____	Male/Female
2. _____	Male/Female	2. _____	Male/Female
3. _____	Male/Female	3. _____	Male/Female
4. _____	Male/Female	4. _____	Male/Female

It is your responsibility to make quad or triple groups to take full advantage of the group rates. Contact another Key Club to fill a room. One Key Club Member per room is not allowed. The Ohio District of Key Club International and the [Embassy Suites](#) will not fill your rooms with additional people. The Kiwanis Policy on Key Club requires adults to be in attendance at the District Conference and will be responsible for the listed Key Club members. There should be an adult chaperone in attendance at all times for every ten (10) Key Club Members.

**This section below is not for room registration. Please complete other side.**

Responsible Adult Name	Title	Phone Number
1. _____		
2. _____		

**The Hotel registration fax is: 614-798-1736**

***Deadline for Hotel Registration is February 20, 2024***  
**Make additional copies as needed.**

The Kiwanis Club of \_\_\_\_\_ of Division \_\_\_\_\_ registers the following **adults**.  
Gender of individuals must be indicated.

Room One	Circle Gender	Circle Appropriate Title		
1. _____	male / female	Kiwanis	Faculty	Parent

2. _____	male / female	Kiwanis	Faculty	Parent
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Room Two	Circle Gender	Circle Appropriate Title		
1. _____	male / female	Kiwanis	Faculty	Parent

2. _____	male / female	Kiwanis	Faculty	Parent
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Room Three	Circle Gender	Circle Appropriate Title		
1. _____	male / female	Kiwanis	Faculty	Parent

2. _____	male / female	Kiwanis	Faculty	Parent
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Room Four	Circle Gender	Circle Appropriate Title		
1. _____	male / female	Kiwanis	Faculty	Parent

2. _____	male / female	Kiwanis	Faculty	Parent
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Tax exempt (schools)  
**King Bed \$124.00 / Double/Double - \$129.00**

Fully Taxable  
**King Bed - \$145.70 / Double/Double - \$151.58**

Nights	Type of Room	Total of Rooms	Cost per room	Total
1 or 2	Single			
1 or 2	Double			
1 or 2	Triple			
1 or 2	Quad			

Grand Total: \_\_\_\_\_

**Please hold rooms with a personal or school credit card and make payment when you check in by school check or school credit card.**

Please fill out the bottom portion of this form so that the hotel can contact you if necessary. If you are paying by credit card, you must complete the credit card portion. If by check, please enclose. Please make sure all of the information is accurate.

Name: \_\_\_\_\_ Key Club of: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Credit Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Ohio District of Key Club International**  
**District Leadership Conference General Information**  
**March 15-17, 2024**

**District Registration:** The Ohio District Key Club early bird registration cost per person is \$170.00. The early registration deadline is February 13, 2024. If you register after February 13, 2024, the cost is \$200.00 per person. The last day to register is February 20, 2024. **This means no cancellations will be accepted after this date.** No-shows will be billed for the full cost of the Conference if they do not cancel registrations prior to February 20, 2024. Please mail or email the District Conference Registration forms to:

Ohio District Kiwanis  
941 Chatham Ln, Ste. 226  
Columbus, Ohio 43221  
614-898-5000

Or email [Executivedirector@ohiokiwanis.org](mailto:Executivedirector@ohiokiwanis.org)

**District Payment:** When sending the District Registration Forms/Code of Conduct Forms, the following will be needed to accept your registration.

**A school purchase order full payment in check, or credit card, must be provided or registration materials will not be processed.**

**Meals:** The Ohio District is providing four meals during the course of the conference which are included in the registration fee. The four meals are Saturday Breakfast, Saturday lunch, Saturday Dinner, and Sunday Breakfast. Room service will be available until curfew time. Arrangements will be made to accommodate any dietary or religious requirement while attending the Conference. Please call the District Office at 614-898-5000 **no later than March 1, 2024**, to make these arrangements. Meals will be served buffet style and all lines will open on time. **All Conference attendees can only go through the buffet lines once during each meal function using one plate only.** All programs will start at posted times.

**Conference Registration:** Conference site registration will open on **Friday, March 15 at 1:00 PM** at the Hotel. The responsible adult in attendance will be the only person permitted to register at the Key Club District Registration located in the main hall, provided that he/she provides all of the necessary paperwork.

**At the Key Club Registration Desk the following forms will be needed for check in:**

1. Full payment must be made in order to attend the Conference
2. Delegate Registration Form
3. Emergency Medical Forms completed and notarized.
4. Signed Code of Conduct forms for all attendees.
5. **A completed Kiwanis Background Check for All Adults**
6. **Praesideum training for all chaperones**

**Medical Questionnaire and Emergency Medical Treatment Form:** This form has been provided to make copies for **all Key Club members** attending the District Conference in the event of an emergency. Proper signatures are required. After all parties have signed this form, please make additional copies so the responsible adult will have a copy.

**Room Registration:** **There are two separate registration forms.** Read the instructions carefully. Please note Room Registration cutoff date is **February 20, 2024**. Room registration is handled with the Dublin Embassy Suites.

**Sergeant at Arms:** At curfew times there will be Sergeant at Arms patrolling the floors of the hotel. **All adults who are in attendance will be responsible for making sure that all students are in their rooms at the required times.**

**Registration Form and Invoice/Code of Conduct:** The Code of Conduct Form must be mailed or faxed prior to conference. The code of conduct form must have the proper signatures completed before it is mailed to the District Office. **Please mail or email each copy of the registration Form/Code of Conduct along with the FULL LIST of names sheet.**

**Changes to District Conference:** If you have to substitute names or cancel registrations after sending in the District Registration forms, please contact the District Office to make changes no later than [March 1, 2024](#). The new code of conduct and emergency medical forms will need to be mailed or emailed to the District Office prior to conference. Cancellations of registrations must be done in writing by [February 20, 2024](#). Cancellations made after that date will be responsible for the full registration cost of the conference. 614-848-5000 or [Executivedirector@ohiokiwanis.org](mailto:Executivedirector@ohiokiwanis.org).

**Delegate Information Sheet:** In order to have a successful registration, we ask that you select your delegates and alternates by using the Delegate Registration Form. Each Key Club should select two (2) members in good standing to be delegates to they can attend the House of Delegates. Each Key Club attending the conference must be represented at the House of Delegates.

**District and International Dues:** Key Club International dues of \$7.50 and District dues of \$3.00 must be paid prior to Conference for a Key Clubber to be able to attend Conference. In addition, the Key Club must be financially in good standing to the District to be able to attend. Outstanding debts such as money owed for Fall Training Conference, District Conference or Tour will prevent the club from registering.

**Contest and Awards:** The Ohio District Board encourages each Key Club and its members to participate in contests. In order to participate in a contest, the Key Club must be in good standing with the Ohio District and Key Club International. Individual Key Club members must also be in good standing with the Ohio District of Key Club International by having their names appear on the dues roster of their home club along with payment of all dues. Since there are several contests and awards to participate in, please read the enclosed rules carefully. Send the contest forms to the correct people indicated at the bottom of the contest form. You do not need to attend the Conference to enter the following contests: Achievement, Single Service and Scholarship. All other contests not indicated at the bottom should be mailed to the District Office. Please note that many of the contests will be judged prior to the Conference. Please make sure they are mailed in on time.

**Officer Elections:** Please review the Key Club International Bylaws, Article Three, Section Two; "The President, Vice President(s) Secretary and Treasurer of the club should be elected at a meeting in January/February. These officers-elect shall serve as observing members of the Board of Directors from February to May in order to become more familiar with the administration of the club and shall take office in May, serving for one (1) year or until their successors are duly elected. The outgoing president and the secretary of the Club shall promptly certify to the Key Club International the names of the newly elected officers."

**Dances:** Friday's night is a meet and greet for a fabulous weekend, so casual attire is appropriate. The Ohio District Governor's Ball will be held Saturday night after the District Board Session and is considered semi-formal/formal.

**OFFICIAL DECLARATION OF CANDIDACY FORM:** All Key Club members intending to run for a District Office or International Endorsement must fill out a declaration of candidacy packet in its entirety enclosed with this Conference mailing.

**Current 2023-2024 and 2024 – 2025 Lt. Governor's Registration:** It is not necessary to register current [\(23-24\) Lt. Governors](#). However, if your club has a [Lt. Governor Elect, \(24-25\)](#) you must register him/her with the District Conference registration fee at your club's and/or his/her personal expense. All Lt. Governor Elects [\(24-25\)](#) will room together at the Conference Hotel which will be paid for by the Ohio District unless they request to room with their club, which will then be at their/their club's expense.

**Name Badges:** Name badges will be handed out at registration and are required to be worn for all activities and meal functions of the Conference.

**Conference Funding/Attendance:** Please note!! Every Key Club in the Ohio District should have representation at the District Leadership Conference. There is something for every Key Club member, faculty advisor, and Kiwanis advisor. Key Club International recommends the 1/3 rule for funding the Conference expenses. Key Club members pay 1/3, sponsoring Kiwanis Club pays 1/3, and the Key Club pays 1/3.

**Registration Problems or Assistance:** If you have any questions regarding registration or any other problems, please call the District Office 614-848-5000

## District Registration Form/Invoice

Key Club International Policies, Chapter 702.1 requires the name(s) of responsible adult(s) in attendance and responsible for their Key Club members and in case we need to reach you regarding this registration.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Key Club of \_\_\_\_\_ and the Kiwanis Club of \_\_\_\_\_

Division \_\_\_\_\_ registers the following **adults**: Note: Gender of individuals must be indicated.

**Please print or type all individual attending:**

Name	Shirt Size	Gender	Circle	Appropriate Title
1. _____		Male / Female	Kiwanis	Faculty Parent
2. _____		Male / Female	Kiwanis	Faculty Parent
3. _____		Male / Female	Kiwanis	Faculty Parent
4. _____		Male / Female	Kiwanis	Faculty Parent
5. _____		Male / Female	Kiwanis	Faculty Parent

**Please complete:**

Early Bird (before 2/13/24)

Conference Registration

Sub Total

Total Number of Key Club Members: \_\_\_\_\_ \$170.00 \_\_\_\_\_

Total Number of Adults: \_\_\_\_\_ \$170.00 \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

Conference Registration (after 2/13/24 but by 2/20/24)

Total Number of Key Club Members: \_\_\_\_\_ \$200.00 \_\_\_\_\_

Total Number of Adults: \_\_\_\_\_ \$200.00 \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

MC/VISA Number: \_\_\_\_\_ Exp. \_\_\_\_\_ VIN. \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Email or Mail with Check, Credit Card or Completed Official Purchase Order to:**

**Ohio District Kiwanis**  
**941 Chatham Ln, Ste. 226**  
**Columbus, Ohio 43221**  
**614-848-5000 Phone**  
**or Email**

**Executivedirector@Ohiokiwanis.org**

**Last Day to register is February 20, 2024. Last day to cancel registration will be February 20 2024,**

**No shows and late cancellations will be held responsible for the cost of registrations booked.**

List the names of Key Club members attending and send in with current registration/invoice form. Please print names and circle gender and indicate shirt size and current grade level.

	Shirt Size (s, m, l, xl, xxl, xxxl)				
1. _____	_____	M	F	Grade	_____
2. _____	_____	M	F	Grade	_____
3. _____	_____	M	F	Grade	_____
4. _____	_____	M	F	Grade	_____
5. _____	_____	M	F	Grade	_____
6. _____	_____	M	F	Grade	_____
7. _____	_____	M	F	Grade	_____
8. _____	_____	M	F	Grade	_____
9. _____	_____	M	F	Grade	_____
10. _____	_____	M	F	Grade	_____
11. _____	_____	M	F	Grade	_____
12. _____	_____	M	F	Grade	_____
13. _____	_____	M	F	Grade	_____
14. _____	_____	M	F	Grade	_____
15. _____	_____	M	F	Grade	_____
16. _____	_____	M	F	Grade	_____
17. _____	_____	M	F	Grade	_____
18. _____	_____	M	F	Grade	_____
19. _____	_____	M	F	Grade	_____
20. _____	_____	M	F	Grade	_____



## 75th Annual Ohio District Key Club Dress Code

The following will be the Dress Code for Leadership Conference weekend. This will be a special occasion for all Key Club members and adults attending the Conference. The Sergeants-at-Arms at the beginning of each session will enforce the Dress Code. Please make sure attendees are appropriately attired. **Casual Attire will be in effect for the entire event except where specified business for formal below:**

### Friday:

- Host Club Meeting
- Kick-Off Session (Casual Attire) – (Wear Conference T-shirts to Spirit Rally)
- Meet the Candidates Caucuses
- Meet and Greet

### Saturday:

- Breakfast
- Kiwanis Family Session
- Caucuses (Business Attire for candidates, casual for attendees)
- Sergeant-at-Arms
- Forums
- House of Delegates (Business Attire for Candidates)
- District Board Banquet (Semi-Formal/Formal)
- Governor's Ball (Semi-Formal/Formal)

### Sunday:

- Church Service (Casual Attire)
- Breakfast (Casual Attire)
- District Board and Club Awards Session (Casual Attire)

### Casual Attire:

Males: khakis, jeans, dress shorts, collared shirts, sweaters

Females: khakis, jeans, dress shorts, collared shirts, sweaters, blouses

*No casual shorts, sweats, t-shirts except for Spirit Rally, tank tops, halter tops, tube tops, bare midriffs; no torn clothing, no exposed underwear, no hats*

### Business Attire:

Males: sports coat, dress slacks, shirt, and tie; suit and tie; sweater, dress pants, shirt, and tie

Females: dress, skirt and blouse, dress pants outfit, suit

*No t-shirts, tank tops, sweats, jeans, shorts, flip-flops, or hats*

### Business Casual Attire:

Males: slacks, khakis, collared shirts, polo shirts

Females: dress, skirt, slacks, khakis, blouse, sweater, or collared shirt

*No t-shirts, tank tops, sweats, denim, shorts, flip-flops, or hats*

### Semi-Formal/Formal Attire:

Males: same as Business Attire

Females: tea length formal, long formal ball gown, nice dress, dressy pants outfit

**The Dress Code will be in effect during all official meetings of the Conference, as noted in the Conference program. As per Key Club International Board policy, "Clothing which may cause distractions during the Conference-in brief, dress apparel unbecoming of a Key Clubber, will not be allowed." Sergeants-at-Arms will refuse entrance to anyone not wearing appropriate attire.**

## Ohio District of Key Club International District Leadership Conference Code of Conduct

The Ohio District Key Club International and Sergeant-At-Arms Committee hope every delegate and visitor will fully enjoy the Conference. To ensure the comfort and pleasure of everyone, the following Code of Conduct has been established, which every individual is expected to follow.

Complete the reverse side and give one copy to the responsible adult chaperone and mail original form to the District Office with registration form.

### **1. The Sergeant-At-Arms Committee**

will be responsible for **assisting** Key Club Advisors and Administrators in the enforcement of all Conference rules. Every Conference participant will respect the authority of the Sergeant-At-Arms Committee. *The Adult Chaperone will be responsible for the enforcement of all Conference rules at the headquarter hotel, or other hotel sites, and in the Conference center complex.*

### **2. A retiring hour of 12:00 a.m. to**

5:00 a.m. will be observed for Saturday and Sunday morning. Key Club members are expected to be in their rooms at the curfew hour and they are to remain there. Key Club members may not leave the hotel after 9:00 p.m. on Friday or Saturday nights, unless accompanied by their Key Club Advisor or Adult Chaperone. Unnecessary noises in rooms at any hour are prohibited.

### **3. No alcoholic beverages, tobacco**

products, drugs, look-a-like drugs of any nature, with the exception of prescribed medication, will be permitted in the possession of anyone attending the Conference.

### **4. Care shall be taken not to deface**

or destroy any property, or throw objects in rooms, halls or from windows. The placing of signs or messages on the windows of the hotel is prohibited. No materials may be affixed to any hotel walls. Any damages will be paid for by the individual responsible.

### **5. Gambling, use of firecrackers,**

fireworks—in brief, any action unbecoming of a Key Club member will not be tolerated. This is a school related activity and rules of conduct of each member's home school will also be in force.

### **6. No Key Club Members may**

**change** room assignments without permission of their responsible adult chaperone or advisor and the Ohio District Conference Advisor and the Hotel.

### **7. All Key Club Members are**

expected to conduct themselves as responsible young adults, and are expected to attend all sessions and activities. Appropriate dress is required for all sessions and activities of the Conference. The dress code for the Conference is indicated in the general information section of the Conference program booklet.

### **7. No females shall be allowed in**

the room of any male Key Club Member and no male shall be in the room of any female Key Club Member unless accompanied by an adult chaperone. The room door must be open at all times. A closed door constitutes a violation of this rule. No mixed gender shall be in a room thirty (30) minutes prior to curfew.

### **8. Smoking is prohibited by all Key**

Clubbers while at Conference. Adults who must smoke may do so in their hotel rooms or in Conference center designated areas.

### **9. The tapping of glasses and**

dishes, tying of napkins, writing on tablecloths and other such disruptive and distracting behavior during any Conference activity will not be tolerated and is grounds for removal from the event.

### **10. Anyone caught tampering with**

the safety apparatus in the hotel or Conference center will be automatically expelled from the Conference. The apparatus is in place for everyone's safety and well being.

### **11. Respect the authority of any**

**adult** attending the Conference and any one working on the hotel staff during the Conference.

### **12. Key Club International Policies,**

Chapter 702.1 requires "There shall be at least one adult for every ten (10) Key Club Members in attendance." The adults attending shall be either a member of the Sponsoring Kiwanis Club or a faculty advisor or parent of a member of the Key Club. These adults will be responsible to supervise their Key Club Members in attendance. This includes the responsibility to enforce all Code of Conduct rules. In the event of a violation the advisor/adult chaperone will determine the degree of penalty, including being sent home, but only in consultation with the Sergeant-At-Arms Committee and Key Club Administrator.

In the event of infractions observed by the chaperone/advisor or reported by the Sergeant-At-Arms Committee, appropriate action will be taken by the Key Club Member's chaperone/advisor, including if necessary, dismissal from the Conference of any Key Club Member. This will be at the expense of the person involved. Appropriate letters will be sent to the parents, school authorities, and the sponsoring Kiwanis Club. These rules are effective as of the time you arrive at the hotel and Conference complex until you depart.

### **Reasons for automatic dismissal:**

- a.** Opposite sex in hotel rooms without chaperone
- b.** Possession or use: Alcoholic Beverages, Drugs, or Tobacco Products
- c.** Inappropriate behavior during the Conference
- d.** Violation of curfew times
- e.** Destruction of property or tampering with safety apparatus.

*Thank you for observing the Code of Conduct.*

**75th Annual Ohio District Key Club Leadership Conference**  
**March 15 - 17, 2024**  
**Columbus, Ohio**

The Key Club of \_\_\_\_\_ H.S., Division \_\_\_\_\_ registers the following Key Clubber.

Key Club Member Name: \_\_\_\_\_  
(Please print)

Gender (circle one):     male       female

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

I have read the Code of Conduct and agree to abide by it. \_\_\_\_\_  
(Key Club Member Signature)

**THE FOLLOWING SIGNATURES ARE REQUIRED**

Further we agree to release and indemnify the Ohio District of Key Club and Kiwanis International from any liability and bodily injury or other damages arising out of my breach of this Code of Conduct.

Key Club Member: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Adult Chaperone: \_\_\_\_\_ Date: \_\_\_\_\_

send original to:

**Ohio District Key Club, 941 Chatham Ln, Ste. 226, Columbus OH 43221**  
**Or email to [executivedirector@ohiokiwanis.org](mailto:executivedirector@ohiokiwanis.org)**

- One copy to be held by Adult Chaperone/Advisor

## KIWANIAN / ADVISOR / CHAPERONE

I plan on attending the [2024](#) Ohio District Key Club Leadership Conference, subject to the rules and regulations set out in the "CODE OF CONDUCT" and also expressly conditioned upon my agreement and consent to the following provisions:

1. The violation of any rules of the Conference or of any state law shall constitute a complete forfeiture of all pre-paid conference expenses or registration costs and the violator shall be immediately asked to leave the conference. NO REFUND of any kind shall be made notwithstanding when the violation shall occur or when the violator is asked to leave.
2. The consumption and/or possession of any alcohol or non-prescription drugs or narcotics by any person in violation of state law shall constitute a crime and shall be dealt with by the Ohio District, Kiwanis and Conference Officials immediately and severely; not only will the violator be discharged from the Conference, but the said violator will be subject to arrest by local law enforcement officers.
3. We the Kiwanis/Advisor/Chaperone agree to assist with enforcement of all code of conduct activities, dress code and curfew observations. We also agree to do a curfew check on our students and will turn in the curfew check sheet each evening to the Sgt. At. Arms office.
4. We hereby consent to a warrantless search of the sleeping rooms occupied at any time, with reasonable suspicion, in the sole discretion of the Conference Officials; and furthermore the attendance of each person at the Key Club Conference is expressly conditioned upon his or her agreement in writing to this provision.

I UNDERSTAND THE ABOVE AND HAVE READ THE CONFERENCE CODE OF CONDUCT.

Signature of Kiwanian / Advisor / Chaperone

Date

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Please print the name of the above Kiwanian / Advisor / Chaperone.

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THIS FORM SHOULD BE MAILED IN ADVANCE TO:

**Ohio District Key Club, 941 Chatham Ln, Ste. 226, Columbus OH 43221**  
**Or Email to [executivedirector@ohiokiwanis.org](mailto:executivedirector@ohiokiwanis.org)**

## MEDICAL QUESTIONNAIRE AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

Please type or print. This form is required for all students attending Key Club International activities. This form **MUST** be completed by a parent or guardian and notarized for it to be recognized in many states. One copy of this form is to be turned in at the event. One copy to be given to the chaperone and one copy is to be carried by the Key Club member at the activity.

Key Club Member Name \_\_\_\_\_

Address \_\_\_\_\_

Street	City	State	Zip
Height _____	Weight _____	Gender _____	Birthdate _____

Person to Be Contacted in case of emergency \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Alternate contact name \_\_\_\_\_

Relationship \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street	City	State	Zip
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Name of Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_ Insurance Company's Phone Number \_\_\_\_\_

List any other pertinent information on insurance card \_\_\_\_\_

Please answer Yes or No:

Will your son or daughter be taking drugs or medications of any type? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Has s/he ever been or is s/he currently being treated for any of the following (yes or no):

nervousness _____	high blood pressure _____
any medical disorder _____	severe or frequent headaches _____
convulsion or epilepsy _____	asthma _____
fainting spells _____	ulcers _____
heart condition _____	diabetes _____
rheumatic fever _____	allergic reaction to medication _____
cancer or tumor _____	any other allergies or illnesses _____

Does s/he have any other physical limitations \_\_\_\_\_

**Please give details of any yes answer above. Give dates of treatment including names and addresses of attending physicians, hospitals, and clinics. (Attach additional if necessary.)** \_\_\_\_\_

### **Please read carefully:**

I hereby certify that the information given above is correct. In case of emergency, I understand that every effort will be made to contact the person designated above. In the event that person cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment for, including hospitalization, immunization or injection, anesthesia or surgery for my son/daughter.

Signature of parent or guardian \_\_\_\_\_ Dated \_\_\_\_\_

## OHIO DISTRICT KEY CLUB DELEGATE REGISTRATION FORM

Each Ohio Key Club in good standing (current in payment of District and International Dues) is entitled to two (2) delegates to the House of Delegates. **Please complete this form and bring, mail, or email to the district office no later than March 1, 2024**  
Delegates and Clubs will be crosschecked against dues rosters to ensure that members are in good standing. Please note: Key Club District Board members and Lt. Governor Elects are considered Delegates-at-large.

Key Club of: \_

Division: \_

School Address: \_

City: \_

Zip: \_

School Phone Number: \_

Advisor e-mail: \_

Delegate Name: \_

Delegate Name: \_

Alternate Name: \_

Alternate Name: \_

**I certify that these are the official delegates and alternates of our Key Club to the Ohio Key Club House of Delegates:**

Key Club President Signature: \_

Key Club Advisor Signature: \_

**Mail to: Ohio District Key Club, 941 Chatham Ln, Ste. 226, Columbus, Oh., 43221**

**Or Email to [executivedirector@ohiokiwanis.org](mailto:executivedirector@ohiokiwanis.org)**

**Please do not write below this line. Office use only.**

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## KEY CLUB OFFICER INFORMATION FOR 2024 - 2025

Accurate officer information is necessary for club leaders to receive leadership information all year long. Please provide contact information that can be used for the summer through next spring. **Please note: The Ohio District of Key Club does not sell or share mailing lists or officer information with outside organizations.** Please include city and zip code information in mailing address.

Key Club(school) Name: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

VicePresident: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secretary: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Advisor: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Kiwanis Advisor: \_\_\_\_\_ Email: \_\_\_\_\_

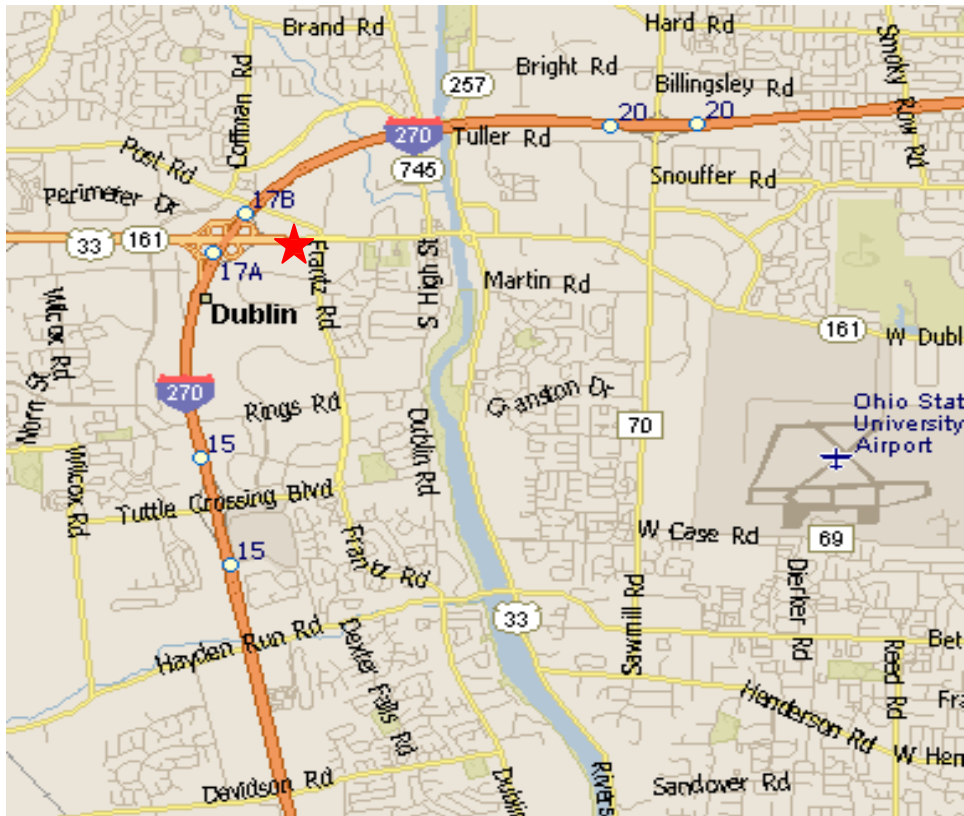
Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please send completed form to: Ohio Key Club, 941 Chatham Ln., Ste., 226, Columbus, Oh., 43221 or Email to Executivedirector@ohiokiwanis.org no later than May 31, 2024. Thank you.**

# DIRECTIONS TO THE EMBASSY SUITES DUBLIN

5100 Upper Metro Place  
Dublin, OH 43017  
614-790-9000  
Sales Fax: 798-8390



## From East:

Take I-70 West to I-270 North (toward Cleveland) to exit 17A. Go to first light (Frantz Road) and turn right. Take your first right onto Upper Metro Place. Hotel will be on your right.

## From West:

Take I-70 East to I-270 North (toward Cleveland) to exit 17A. Go to first light (Frantz Road) and turn right. Take first right onto Upper Metro Place. Hotel will be on your right.

## From South:

Take I-270 West (toward Dublin) to exit 17A. Go to first light (Frantz Road) and turn right. Take first right onto Upper Metro Place. Hotel will be on your right.

## From North:

Take I-71 South to I-270 West (toward Dublin) to exit 17A. Go to first light (Frantz Road) and turn right. Take first right onto Upper Metro Place. Hotel will be on your right.





EMBASSY SUITES

HOTELS®  
Columbus – Dublin

## CREDIT CARD AUTHORIZATION FORM

Please be assured that the information contained on this form and its attachments will be held in the strictest of confidence and used only for its intended purpose. Should you have any problems or questions please call the Front Desk at (614) 790-9000. **Return this completed form via Fax to (614) 798-1736 or via email to: [ratoya.m.sellers@hilton.com](mailto:ratoya.m.sellers@hilton.com). Please do not send this form to any other locations.**

Cardholder deposition authorizing Embassy Suites Hotel Columbus - Dublin to charge the following credit card account. To Embassy Suites Dublin:

I, \_\_\_\_\_, the undersigned, agree to have my credit card authorized and charged for payment of the following charges.

### SINGLE GUEST(s)

Beginning \_\_\_\_\_ to \_\_\_\_\_ or Departure

Guest Name: \_\_\_\_\_ ☐ Room & Tax Only ☐ All Charges

\_\_\_\_\_ ☐ Room & Tax Only ☐ All Charges

\_\_\_\_\_ ☐ Room & Tax Only ☐ All Charges

\_\_\_\_\_ ☐ Room & Tax Only ☐ All Charges

My failure to list specific charges and / or specific dates should be taken as permission for all charges to be billed. Your card will be authorized for estimated charges at guest check in and then final charges will be billed at check out. If for any reason your card does not authorize, we will require an alternative form of payment from the above guests at check in.

**IF YOU ARE CLAIMING TAX EXEMPTION WE WILL REQUIRE TAX EXEMPT DOCUMENTATION AND A FRONT COPY OF THE CARD SHOWING THE TAX EXEMPT ORGANIZATION NAME. PLEASE BLACK OUT ALL BUT LAST 4 DIGITS OF ACCOUNT # AND EXPIRATION DATE ON CARD. PERSONAL CREDIT CARDS CANNOT CLAIM EXEMPTION. ANY QUESTIONS REGARDING TAX EXEMPTION CAN BE DIRECTED TO E-MAIL ADDRESS ABOVE.**

Name as it appears on the Card: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder Billing Address: Street \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

E-mail address I would like final receipt sent to: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Your final receipt will be sent approximately 3-5 business days after the close of your event.

Account Number:  
(Minus last 4 #)

Last 4 Digits:  
Acct #:

Expiration Date:



## Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

Embassy Suites Columbus Dublin

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

X

**\*\* Purchaser must state a valid reason for claiming exception or exemption.\*\***

Anything Marked with an X must be completed by organization claiming exemption.

Any questions regarding tax status please contact the Department of Taxation @ 1-888-405-4039, select option #2, than option #3

X X

Purchaser's name - Organization or Company Name

X

Street address

X

City, state, ZIP code

X

Signature

Title

X

Date signed

X

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.

**\*\* Reason must be a valid reason for exemption from the Department of Taxation. For a full list of valid reasons for exemption please visit the Ohio Department of Taxation's website @ [http://www.tax.ohio.gov/sales\\_and\\_use/faqs/sales\\_basics.aspx](http://www.tax.ohio.gov/sales_and_use/faqs/sales_basics.aspx) or see page 2 of this document.**



Organization must complete the highlighted

Form **H-3GOV** City of Columbus, Income Tax Division  
**Hotel/Motel Excise Tax Exemption Certificate**  
(To be completed by guest and submitted to registration)

X

**Part A OCCUPANT INFORMATION**

1. Occupant's Name	2. Title
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X

**Part B BUSINESS OR INSTITUTION AUTHORIZATION**

1. Name of Business or Institution Claiming Exemption	2. Federal ID No.	3. Telephone No.
4. Street Address, City, State and Zip of Business or Institution		
5. Authorized Signature (Treasurer or Financial Officer of Business or Institution):	6. Name (please print):	
7. Title	8. Date	

**Part C HOTEL INFORMATION**

1. Name of Hotel, Apartment Hotel or Lodging House: <b>Embassy Suites Columbus Dublin</b>	2. Arrival Date	3. Departure Date
4. Hotel Address: 5100 Upper Metro Place Dublin, OH 43017	5. Prepared by (Name of Hotel Employee)	6. Hotel Vendors License No. <b>26-0331180</b>

X

The person signing this form **MUST** check the applicable box to claim exemption from the hotel/motel excise tax, imposed by COLUMBUS CITY CODES Chapter 371.2(e) and Tax Regulations of the Franklin County Convention Facilities Authority, Section 2(d). Questions should be directed (preferable in writing) to Hotel/Motel Excise Tax, Division of Income Tax, 50 West Gay Street, 4<sup>th</sup> Floor, Columbus, OH 43215-9037. Telephone (614) 645-7865.



**STATE AND LOCAL GOVERNMENTS AND POLITICAL SUBDIVISIONS THEREOF**

I certify that the hotel accommodation purchased is to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. "Directly" does not include per diem, entity advances, or similar indirect payments.



**UNITED STATES GOVERNMENTAL EXEMPTION**

I certify that the hotel accommodation purchased is to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. Caution: "Directly" does not include per diem, entity advances, or similar indirect payments. Rooms rented to federal government employees who are paying with cash, personal check or personal credit card are subject to tax. This is true even if the employees will be reimbursed by the federal government. Fill in the GSA centrally billed credit card type, prefix and sixth digit:

PLATFORM (Visa and etc.)

PREFIX (First four digits)

SIXTH DIGIT

**NOTE TO VENDOR** – To be valid this certificate must be filled out completely. Transaction to be reported and exemption claimed at conclusion of guest occupancy. Do not send this certification to the Columbus Income Tax Division. Keep a copy of this certificate for your records since it must be available for audit review

**NOTE TO TRANSIENT GUESTS** – Parts A & B must be completed prior to and submitted at the time of registration. Legible faxed or scanned exemption certificates received by the vendor from qualifying businesses or institutions will be accepted. Multiple guests from same business or institution may submit one exemption certificate along with schedule detailing individual occupant information in Part A. Do not send this certification to the Columbus Income Tax Division. **KEEP A COPY OF THIS CERTIFICATION FOR YOUR RECORDS.** You are responsible to notify the vendor of cancellation, modification, or limitation of the exemption you have claimed.



CITY OF DUBLIN.

Division of Taxation  
5200 Emerald Parkway  
P.O. Box 9062  
Dublin, Ohio 43017-0962

Phone: 614-410-4460  
Fax: 61-761-6582  
Web site: www.dublin.oh.us

## CERTIFICATE OF EXEMPTION

### HOTEL/MOTEL

### EXCISE TAX

Embassy Suites Columbus Dublin X

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Name of Hotel, Apartment Hotel Date  
Or Lodging House

All items marked  
with "X" must be  
completed by the  
organization for  
this form to be  
valid.

5100 Upper Metro Place, Dublin, OH 43017 X

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Address Date of Occupancy

This is to certify that the undersigned hereby claims exemption  
from the hotel/motel excise tax, imposed by Dublin City  
Ordinance 133-87, payable to said establishment.

Purchaser must state statutory reason for claim exemption or  
exception.

X

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Name (Please print)

X

---

Signature (Fiscal Officer) Date

X

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Employer and Statutory Reason for Exemption

**Bill must be paid with government check or government  
credit card.**

Please note deadlines:

**Hotel reservation block cutoff February 20, 2024**

Prepayment or credit card needed to hold rooms for hotel  
registration

**Convention registration early bird cutoff February 13, 2024**

Check, credit card or school purchase order needed for district  
registration. If not sent before, you must bring the check with you at  
check in for convention registration. The registration form functions as  
the invoice for your school Treasurer

**Last day to cancel (In writing email  
executivedirector@ohiokiwans.org) Received by  
February 20, 2024.**

Last day to make changes

Last day to register

**February 20, 2024**

# Conference at a Glance (Tentative)

## **FRIDAY**

1 P.M. - 7 P.M.	Registration and Credentials-Prefunction
4 P.M. - 7 P.M.	Go around for Contest Registrations
4:30 P.M. - 5 P.M.	Lieutenant Governor Elect Meeting-
4:30 P.M. - 5 P.M.	Candidate Meeting-
5 P.M. - 5:30 P.M.	Host Clubs/Sergeant of Arms Meeting-
6 P.M. - 6:30 P.M.	Adult Orientation-
7 P.M. - 8:30 P.M.	Kickoff Session- Grand Ballroom
9:00 P.M. - 9:55 P.M.	Meet and Greet
10:00 P.M. - 11:45 P.M.	Camp Out/Games
9:30 P.M. - 10:30 P.M.	Nominating Conference

## **Saturday**

12 A.M. - 6 A.M.	Curfew/Room Restriction
8 A.M. - 12 P.M.	Registration
8 A.M. - 9 A.M.	Breakfast
9 A.M. - 10 A.M.	Kiwanis Family Session
10:15 A.M. - 11:15 A.M.	Zone Caucusing
11:30 A.M. - 12:00 PM.	Forums Set 1
11:30 A.M. - 1:30 P.M.	Oracle and Scrapbook Contests
12:05 A.M. - 12:35 A.M.	Forums Set 2
12:35 A.M. - 1:35 P.M.	Lunch
1:40 P.M. - 2:10 P.M.	Forums Set 3
2:15 P.M. - 2:45 P.M.	Forums Set 4
3:00 P.M. - 3:50 P.M.	Speaker #2
4:00 P.M. - 5:30 P.M.	House of Delegates

4:00 P.M. - 5:30 P.M.	Service Fair
5:30 P.M. - 6:30 P.M.	Prepare for Banquet/Senior Night Session
6:30 P.M. - 7:30 P.M.	Dinner Banquet
7:30 P.M. - 9:30 P.M.	Senior Night Session
	Retirement of 2023-2024 Board
10:00 P.M. - 11:45 P.M.	Governors Ball
12 A.M. - 6 A.M.	Curfew/Room Restriction

### **Sunday**

7:30 A.M. - 8 A.M.	Non-Denominational Church Services
8 A.M. - 9:30 A.M.	Breakfast
9:45 A.M. - 10:45 A.M.	General Session Board Reports/Year Recap
11:00 A.M. - 11:45 A.M.	Awards/Installation of 2024-2025 Board and Executives
12:00 P.M. - 12:45 P.M.	2024-2025 Ohio District Board Meeting

# Ohio District Key Club Advisor Check List

- [ ] Go to [OHKC.ORG](https://OHKC.ORG) to obtain the information packets for the District Convention.

A: Registration

B: Elections

C: Contests

- [ ] Determine attendees for the conference
- [ ] Review the instructions in the packet

## A: REGISTRATION

- [ ] Complete the hotel registration forms (or follow the instructions to complete them On-line or call)
- [ ] You will need a one night room deposit either by check or credit card at the time of registration. Full payment will be needed at check in and tax exempt form if appropriate
- [ ] NOTE: Hotel rates are \$124 or \$129 (tax exempt) if reserved by **February 20**. After **February 20, 2024** they go up to market rate. Rooms have pull out couch sleepers that will sleep two
- [ ] Complete Convention Registration paperwork to submit to the Ohio District. (Follow instructions in packet)
- [ ] Convention registration is \$170 per person if registered by **February 13, 2024**. After that date until the cutoff of **February 20, 2024** the rate is \$200 per person.
- [ ] Payment to the district must be by check, credit card, or school purchase order
- [ ] Obtain student emergency medical forms, code of conduct forms, and chaperone instructions, and **2024 - 2025** officer information sheet to submit with registration list to the District Office.
- [ ] Select two Key Clubbers to be Club Delegates, complete the delegate form, and mail or bring it to registration in order to participate in the House of Delegates.



- [ ] Be sure that Club and District Dues are paid or the registration will not be able to be processed
- [ ] **Current 2023-2024 Board and 2024 – 2025 Lt. Governor Elect's Registration:** It is not necessary to register current (23-24) Lt. Governors or execs.. However, if your club has a Lt. Governor Elect, (24-25) you must register him/her with the district convention registration fee at your club's and/or his/her personal expense. All Lt. Governor Elects (24-25) will room together at the Convention Hotel which will be paid for by the Ohio District unless they request to room with their club, which will then be at their/their club's expense.

## B: ELECTIONS

- [ ] Review the Elections packet and determine if any of your Key Clubbers will be running for any executive offices. If so, complete the election forms, include a one page campaign flyer (front and back), and mail postmarked no later than **February 20, 2024** to the District administrator (all information in packet)
- [ ] Review the Elections packet and determine if any of your Key Clubbers will be applying for any appointed offices. If so, complete the forms, and mail postmarked no later than **February 20, 2024** to the District administrator (all information in packet)

## C: Contests

- [ ] Review the contest and awards packet
- [ ] Determine if you will have Key Clubbers participating in any of the contests
- [ ] Print the forms you may need to enter any of the contests/awards. (Follow instructions in the packet as some forms are on line at Key Club International.)
- [ ] Review the list of due dates in the packet for the forms: most contests postmarked by **February 20, 2024** and mailed or emailed to Chad Gardner, the Scholarship forms postmarked by **February 20, 2024** and mailed or emailed to Jeff Eble, and some contests submitted at convention. All information included on the forms with mailing addresses.
- [ ] Arrange for transportation to and from convention
- [ ] **February 14** Sit back, relax and wait for a great time at convention! (And Happy Valentine's!!)

If you have other questions or problems, contact the District Office at 614-848-5000 or Email [executivedirector@ohiokiwanis.org](mailto:executivedirector@ohiokiwanis.org)



# Ohio District of Key Club International District Leadership Conference 2024 T-Shirt Logo and Pin Design Contest

Show off your creative talent to Ohio District Key Club by designing the t-shirt logo and pin for the 2024 District Leadership Conference! Key clubbers from all over Ohio will be wearing and displaying your design proudly during the Conference!

All submissions **must** abide by the following standards:

- Designs **must** be computer generated
- T-shirt logo **must** be in black and white, because it will be used for t-shirts, registration papers, name tags and programs
- Pin design **must** have color and, when printed, cannot exceed a 1 inch square format—all writing **must** be legible in this size
- Pin **must** incorporate the Key Club International emblem in design
- Both pin and logo **must** include the year (2024) and have a Mystery Theme to it.

All submissions are due by January 31<sup>st</sup> to Mr. Reedy: [markereedy0517@gmail.com](mailto:markereedy0517@gmail.com)