

Central Ohio Impaired Driving Program

P.O. Box 692 Canal Winchester, Ohio 43110

Fax: 614-834-0257

Phone: 614-929-9775

Registration

Last Name _____ First Name _____

DOB _____ last 4 digits Social Security _____

Phone _____ Female ___ Male ___

City, State Zip _____

Email address: _____

Program & Payment

Date attending _____ Room request ___ Private ___ Semi-Private

Payment (to hold a room) ___ Full amount ___ Deposit \$75.00 (\$75.00 cancellation fee)

Pay by: ___ Cash ___ Money Order ___ Paypal

Credit Card: _____ Expiration date _____ Code _____

Make payable to Central Ohio Impaired Driving Program. (You are **NOT** registered until some form of payment is made).

Legal Information

Name of Court _____

Court Case number _____