



OHIO EDUCATION ASSOCIATION

Local Assessment Tool Award Form

Please complete this form with mailing address to receive payment

Local Name: _____

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

SEND COMPLETED FORM TO REGIONAL DIRECTOR:

Regional Directors:

Region 1

Elaine Silveira
silveirae@ohea.org
614.227.3103

Region 2

Tad M. Colbeck
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Region 3

Frederick Pruitt
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Region 4

Cristina Muñoz-Nedrow
nedrowc@ohea.org
614.227.3101

Regional Director Signature: _____

Date: _____