

NAHRO's 2009 NATIONAL CONFERENCE AND RELATED ACTIVITIES REGISTRATION FORM

OCTOBER 4-6, WASHINGTON, DC

Fax completed form with credit card information to: 202-289-4968 or mail the completed form with check to: NAHRO, PO Box 90487, Washington, DC 20090. **All registrations must be paid in advance!** Registrations without payment will not be processed. Registrations will be accepted until September 21. After that date you must register onsite.

NAHRO Member Number _____

First/Middle/Last Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Work Fax _____

*Email _____ CC Email _____

*E-mail is needed to receive conference confirmation and related information/materials. 09NATSCW6

Please check the appropriate box(es) and enter the cost of registration fees in the payment section in the next column.

NAHRO National Conference and Exhibition (October 4-6)

	Early Bird	Regular	On-site
	Paid by 7/27	Paid By 9/21	Paid After 9/21
<input type="checkbox"/> Member	\$455	\$505	\$555
<input type="checkbox"/> Non-Member	\$535	\$585	\$635
<input type="checkbox"/> Award of Excellence Recipient	\$455	\$455	\$455
<input type="checkbox"/> Speaker	\$455	\$455	\$455
<input type="checkbox"/> Local Host*	\$260	\$260	\$260
<input type="checkbox"/> Resident	\$260	\$260	\$260
<input type="checkbox"/> Guest	\$260	\$260	\$260
Guest Name _____	(Spouse or friend/not a co-worker.)		

Workshop for EDs (October 7-8) **OR**

Ethics for the H/CD Commissioner Seminar (October 7-8)

	Early Bird	Regular	On-site
	Paid by 9/8	Paid by 9/28	Paid after 9/28
Member	\$380	\$430	\$575
Non-Member	\$580	\$630	\$710

Capital Fund Program Seminar (October 7-8)

	Early Bird	Regular	On-site
	Paid by 9/8	Paid by 9/28	Paid after 9/28
Member	\$540	\$590	\$720
Non-Member	\$740	\$790	\$900

Registration Information/Questions

- Is this your first NAHRO National Conference? Yes No
- Please indicate which of the following food functions you will attend.
 - Sunday Lunch in the Exhibit Hall
 - Sunday Reception in the Exhibit Hall
 - Monday Continental Breakfast
 - Monday Lunch in the Exhibit Hall
 - Monday Refreshments in the Exhibit Hall
 - 75th Anniversary Reception
 - 75th Anniversary Gala
 - Closing Plenary Session

3. Pursuant to the American with Disabilities Act, do you require specific aids or services? No Yes Please list any special requirements you may have _____

Payment

Full payment must accompany this form. Registrations without payment will not be processed. Registration payment does not include hotel fees. Questions? Call toll-free 1-800-842-6225.

Check in the amount of U.S. \$ _____ is enclosed. Send check with form to NAHRO, PO Box 90487, Washington, DC 20090.

Charge my Credit Card \$ _____
 Fax the form to 202-289-4968 24-hours a day.
 Card Type: Visa Master Card AMEX

Name on Card _____

Card No. _____

Exp. Date _____

Signature _____

*Agency eligible for the local host rate: District of Columbia Housing Authority.

Professional Development Seminars (Separate registration and fee)

Commissioners Fundamentals Seminar (October 2-3) **OR**

Strategic Planning & Policy for Commissioners Seminar (October 2-3)

	Early Bird	Regular	On-site
	Paid by 9/2	Paid by 9/24	Paid after 9/24
Member	\$380	\$430	\$575
Non-Member	\$580	\$630	\$710

Resident Leadership Seminar (October 2-3) **OR**

Understanding the Basics of Tax Credits Seminar (October 2-3)

	Early Bird	Regular	On-site
	Paid by 9/2	Paid by 9/24	Paid after 9/24
Member	\$540	\$590	\$720
Non-Member	\$740	\$790	\$900

Certification or Proficiency Exam Retakes (afternoon of October 6)

PHM Exam \$305 SHM Exam \$305 SPHM Exam \$305

Post-Conference Proficiency Exam Retake (afternoon of October 6)

Proficiency Exam Title _____ Fee \$305

Ethics for Specialist & Operations Manager Seminar (October 7) **OR**

Succession Planning Seminar (October 8)

	Early Bird	Regular	On-site
	Paid by 9/8	Paid by 9/28	Paid after 9/28
Member	\$305	\$370	\$500
Non-Member	\$505	\$570	\$640

For Office Use Only

Order No. _____ Approval No. _____

Batch No. _____ Date Confirmation Sent _____