

REGISTRATION FORM ATTENDEES



ATTENDEE INFORMATION

This is my first Summer Symposium

FIRST NAME NICKNAME (for badge) LAST NAME SUFFIX

TITLE COMPANY

MAILING ADDRESS

CITY STATE ZIP/POSTAL CODE

WORK PHONE WORK FAX

ATTENDEE EMAIL ADDRESS: CC: EMAIL ADDRESS:

* A unique e-mail address is required for each attendee to receive conference confirmation and access to the conference app.

SYMPOSIUM REGISTRATION (FOR REGISTERED ATTENDEES AND REGISTERED GUESTS) INCLUDES ADMISSION TO ALL PLENARY AND CONCURRENT SESSIONS; CONTINENTAL BREAKFASTS AND BREAKS; RECEPTIONS; AND ACCESS TO THE SYMPOSIUM APP.

| <i>Please select your registration category:</i> | <i>Early Bird Register by May 29</i> | <i>Regular Register between May 30 – June 26</i> | <i>On-Site Register after June 26</i> |
|--|--|--|---|
| <input type="checkbox"/> MEMBER | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$695 | <input type="checkbox"/> \$795 |
| <input type="checkbox"/> NON-MEMBER | <input type="checkbox"/> \$845 | <input type="checkbox"/> \$945 | <input type="checkbox"/> \$1045 |
| <input type="checkbox"/> RESIDENT | <input type="checkbox"/> \$395 | | |
| <input type="checkbox"/> GUEST | <input type="checkbox"/> \$395 | | |

GUEST NAME _____
A guest is a spouse/friend, not a co-worker or work colleague.

Registration Fees TOTAL \$

ADDITIONAL FEES:

Add-on: PHA Operations for Executive Leaders of Small Agencies, July 10 \$50 Member/Nonmember \$
This special seminar offering is only available as part of conference registration, at a discounted add-on fee.

PAYMENT INFORMATION: CREDIT CARD PAYMENTS ACCEPTED ONLY ON MAILED FORMS. DO NOT EMAIL CREDIT CARD INFORMATION. **GRAND TOTAL** \$

Check payable to NAHRO (Check No. _____) Visa MasterCard American Express

Credit Card Number Expiration Date

Cardholder Name

Cardholder Signature

Total Amount Due

The signatory of this form agrees to accept and pay all applicable charges, including adjustments to reflect correction of arithmetic errors based on the events chosen and your company's current membership status with NAHRO. Moreover, the signatory specifically authorizes NAHRO to charge any such amounts to the credit card referenced on this form.

REMITTANCE – CREDIT CARD PAYMENTS ACCEPTED ONLY ON MAILED FORMS. DO NOT EMAIL CREDIT CARD INFORMATION. PLEASE NOTE, IF PAYING BY MAILED CHECK, REGISTRATION WILL NOT BE CONFIRMED UNTIL PAYMENT HAS BEEN PROCESSED AND CLEARED.

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| <p>By Mail with Check/Credit Card Payment: NAHRO Registration, P.O. Box 749105, Atlanta, GA 30374-9105 By Fax with Credit Card Payment: NAHRO's secured fax line: 202-289-8181</p> | <p>By Email: Email form to conferenceregistration@nahro.org Do not include credit card information on emailed forms. Provide credit card information by calling 800-842-6225. Please allow 48 hours for form processing before calling with credit card information.</p> |
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CANCELLATION POLICY: By submitting this form, you agree to have read and understand the terms and conditions of the Cancellation Policy. To read in full, please visit the "Registration" page on the Summer Symposium section of the NAHRO website.

QUESTIONS: Contact the NAHRO Conference hotline at (800) 842-6225 or e-mail conferenceregistration@nahro.org

SPECIAL NEEDS: Please contact NAHRO's Conference team via e-mail at conferenceregistration@nahro.org or phone at (800) 842-6225 regarding special dietary requests and or physically challenging barriers