## REGISTRATION FORM for ATTENDEES

2024 National Conference & Exhibition September 26-28 Marriott Orlando World Center Hotel | Orlando, FL



ATTENDEE INFORMATION			☐ This is my first National Conference					
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:					
* Attendee e-mail address is required to receive conference confirmation and related information as well as access to conference handouts.								
CONFERENCE REGISTRATION FEES:								
Please select your registration category:	Early Bird Register by 8/15/24		Regular Register between 8/16/24-9/18/24		On-site Register after 9/18/24		I	
☐ MEMBER	<b>□</b> \$69		<b>□</b> \$795		□ \$895 □ \$1145			
NONMEMBER	\$945			\$1045				
AWARD WINNER	□ \$69							
☐ RESIDENT☐ GUEST	□ \$39 □ \$39							
	<b>-</b> 75.	,,,						
GUEST NAME A guest is a spouse/partner, not a co-worker or work colleague.								
						Registration Fo	es TOTAL	Ś
NOTE: Conference registration (for registered attendees and registered guests) includes admission to the Welcome Reception, all plenary sessions, concurrent sessions, continental breakfasts and exhibit hall events. All unregistered guests, including children, must have a ticket to attend the Welcome Reception and all exhibit hall events.								
OPTIONAL ADDITIONAL FEES:								
Add-on: <b>Commissioners' Fundamentals Seminar</b> – September 25-26 First-come, first serve. Limited space, no waiting list.								\$
Add-on: Add-on: Executive Director Bootcamp – September 25  First-come, first serve. Limited space, no waiting list.  Complimentary								\$
☐ Add-on: Ticket for Local H/CD Tou	m – 4:00pm	n − 4:00pm			ticket(s)			
First-come, first serve. Limited space					Additional Face TOTAL C			
					Additional Fees TOTAL  NFORMATION.  GRAND TOTAL			\$
PAYMENT INFORMATION: CREDIT CARD PAYMEN	MS. DO NOT EMAIL CR	EDIT CARD IN	FORMATION:	. GRAND	IOIAL	\$		
☐ Check payable to NAHRO (Check No) ☐ Visa			☐ Mas			erCard		can Express
Credit Card Number						Expiration Dat	:e	
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.								
By Mail with Check/Credit Card Payment: By Email: Email form to						egistration@nah	o.org	
National Association of Housing and Rede	Do not include o	Do not include credit card information on emailed forms. Provide credit card						
P.O. Box 749105, Atlanta, GA 30374-9105	information by calling 800-842-6225. Please allow 48 hours for form							
By Fax with Credit Card Payment: 202-289-8181 processing before calling with credit card information.								
PLEASE NOTE YOUR REGISTRATION WILL NOT BE CONFIRMED								
UNTIL PAYMENT HAS BEEN RECEIVED AND PROCESSED.								
CANCELLATION POLICY: By submitting this form, you agree to have read and understand the terms and conditions of the Cancellation Policy. To read								

**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 National Conference section of the NAHRO website. NOTE: *Confirmations will be emailed within three (3) business days.* **QUESTIONS**: Contact the NAHRO Conference hotline at (800) 842-6225 or e-mail <a href="mailto:conference-egistration@nahro.org">conference-egistration@nahro.org</a>

**SPECIAL NEEDS:** Please contact NAHRO's Conference team via e-mail at conferenceregistration@nahro.org or phone at (800) 842-6225 if you have special needs we should be aware of.