REGISTRATION FORM

ATTENDEES



MARCH 10-12,2025 Grand Hyatt | Washington D.C.

ATTENDEE INFORMATION			This is my first Washington 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:								
* A unique e-mail address is required for each attendee to receive conference confirmation and access to the conference app.								
EMERGENCY CONTACT FOR ATTENDEE, NAME AND PHONE:								
REGISTRATION FEES: Conference registration (for registered attendees and registered guests) includes admission to all plenary and concurrent sessions; continental breakfasts and breaks; receptions; participation in NAHRO's Capitol Hill Day; and access to the conference app. All unregistered guests, including children, must have a ticket to attend the Welcome and Washington Receptions.								
Please select your registration	E andre D	in d	Regular					
category:	<u>Early B</u> Register by Jo		Register between January 25-March 5	Regis	<u>On-Site</u> ter after March 5			
		□ \$645		' 	□ \$845			
NON-MEMBER	□ \$92	20	□ \$1020		□ \$1120			
RESIDENT								
GUEST (spouse or partner of registered attendee only)	tner of D \$445							
GUEST NAME and EMAIL ADDRESS								
Registration Fees TOTAL \$							\$	
ADDITIONAL FEES:								
□ Add-on: Commissioners' Guide to Monitoring and Oversight Seminar March 9-10 \$							\$	
This special seminar offering is only available as part of conference registration, at a discounted add- on fee.								
· · · · · · · · · · · · · · · · · · ·				Additional Fees TOTAL		\$		
PAYMENT INFORMATION: CREDIT CARD PAYMENTS ACCEPTED ONLY ON MAILED FORMS			DO NOT EMAIL CREDIT CARD INFORMATION. GRAND TOTAL		TOTAL	\$		
Check payable to NAHRO (Check No.)	🖵 Visa		MasterCa	rd	🛛 Americ	an Express	
Credit Card Number	umber				Expiration Dat	n 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 – C REDIT 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 <u>conferenceregistration@nahro.org</u>								
NAHRO, P.O. Box 749105, Atlanta,		Do not include credit card information on emailed forms. Provide						
By Fax with Credit Card Payment:	GA 30374-9105		Do not include cre	dit card inform	nation on em	allea forr	IIS. FIOVILE	
NAHRO's secured fax line: 202-289-8181 <i>hours for form processing before calling with credit card information.</i>								
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CANCELLATION POLICY/LIABILITY V	8181 VAIVER: By subn	-	credit card inform hours for form pro form, you agree to h	ation by callin pcessing before ave read and u	g 202-289-35 e calling with understand th	i00. Plea credit ca ne terms	se allow 48 rd information. and conditions	
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