

REGISTRATION FORM for ATTENDEES



ATTENDEE INFORMATION

☐ This is my first Washington Conference

FIRST NAME			NICKNAME (for name badge)			LAST NAME			SUFFIX	
TITLE				COMPANY						
MAILING ADDRESS										
CITY				STATE			ZIP/POSTAL CODE			
WORK PHONE					WORK FAX					
*ATTENDEE EMAIL ADDRESS:						CC: EMAIL ADDRESS:				

* E-mail is required to receive conference confirmation and related information as well as access to conference handouts

REGISTRATION FEES—WASHINGTON CONFERENCE

Please select your registration category:	EARLY BIRD Register by February 28	Regular Register between March 1 and March 27	ON-SITE Register after March 27	
☐ MEMBER	☐ \$475	☐ \$575	☐ \$675	
☐ NON-MEMBER	☐ \$725	☐ \$825	☐ \$925	
☐ RESIDENT (lives in affordable housing)	☐ \$295			
☐ GUEST (a guest is a spouse or friend, not a co-worker or colleague)	☐ \$295			

GUEST NAME _____	Registration Fees TOTAL	\$
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NOTE: Conference registration (for registered attendees and registered guests) includes admission to all plenary sessions, concurrent sessions, continental breakfasts and receptions. All unregistered guests, including children, must have a ticket to attend the Welcome Reception and the Washington Reception.

If you are retired, contact Conference Registration at conferenceregistration@nahro.org to see if you qualify for a discounted registration fee.

ADDITIONAL FEES FOR ATTENDEES

☐ Certification Exam - Monday, April 8 10:30 a.m. – 12:30 p.m.	☐ \$200 (Member)	☐ \$300 (Non-member)	
☐ Ticket for Washington, DC Night Tour - Monday, April 8 7:30 p.m. – 10:00 p.m.	☐ \$50		

UNREGISTERED GUEST OPTIONS – Only for individuals who are not already registered as a conference attendee or guest.

☐ Ticket - Welcome Reception for Unregistered Guest – Sun, April 7 5:30 p.m. – 6:30 p.m.	☐ \$30	
☐ Ticket for Washington, DC Night Tour - Monday, April 8 7:30 p.m. – 10:00 p.m.	☐ \$50	
☐ Ticket - Washington Reception for Unregistered Guest – Tues, April 9 7:00 p.m. – 8:30 p.m.	☐ \$75	

Additional Fees TOTAL	\$
PAYMENT 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 - Registration forms without payment will not be processed

By Mail with Check/Credit Card Payment: NAHRO Registration, P.O. Box 90487, Washington, DC 20090	By Email with Credit Card Payment: Email to conferenceregistration@nahro.org
CANCELLATION POLICY/LIABILITY WAIVER: By submitting this form, you agree that you have read and understand the terms and conditions of the Cancellation Policy and Liability Waiver. To read in full, please visit the "Attendee Registration" Web page on the Washington 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 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.