

Registrant information:

Name _____ Email _____
 Firm _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Mark the date(s) you will be attending:

Multifamily Update

- 09/25 - Baltimore, MD
- 09/27 - Nashville, TN
- 10/01 - Philadelphia, PA
- 10/02 - Kansas City, MO
- 10/03 - Atlanta, GA
- 10/17 - Minneapolis, MN
- 10/18 - Dallas, TX
- 10/22 - Chicago, IL**
- 10/29 - Columbus, OH
- 11/05 - New York, NY**
- 11/07 - Boston, MA**

FHA Lender Update

- 09/26 - Baltimore, MD
- 10/19 - Dallas, TX
- 10/23 - Chicago, IL**
- 10/30 - Columbus, OH
- 11/06 - New York, NY**
- 12/03 - Las Vegas, NV

Multifamily Conference

- December 4th & 5th –
20th Annual Multifamily Conference
The Cosmopolitan, Las Vegas

Multifamily Update Webinar

- December 7th
10:00 AM – 2:00 PM Mountain Time

Fees:	AHACPA Member*	Nonmember
<input type="checkbox"/>	Multifamily Conference (before 11/12) \$ 550	<input type="checkbox"/> Multifamily Conference (before 11/12) \$ 600
<input type="checkbox"/>	Multifamily Conference (on/after 11/12) \$ 600	<input type="checkbox"/> Multifamily Conference (on/after 11/12) \$ 650
<input type="checkbox"/>	One-day Update Courses \$ 345	<input type="checkbox"/> One-day Update Courses \$ 395
<input type="checkbox"/>	** Add \$25 for New York, Boston & Chicago \$ 25	** Add \$25 for New York, Boston & Chicago \$ 25
<input type="checkbox"/>	Multifamily Update Webinar \$ 129	<input type="checkbox"/> Multifamily Update Webinar \$ 149
<input type="checkbox"/>	Add/renew AHACPA Membership \$ 300	

*** Membership Details:** You have the option to add/renew AHACPA membership with registration.

AHACPA Membership is \$300 annually and covers all individuals at a single address. To verify membership status go to ahacpa.org/aMember/directory/member-firms. If your company is not listed you will be charged the nonmember rate.

Additional Registrants: (Must be at same business address) – add separate page if needed

Name	Email Address
_____	_____
_____	_____
_____	_____

Method of Payment: (Payment is required at time of registration)

TOTAL \$ _____ MasterCard Visa Discover American Express Check (address above)

Cardholder's Name _____

Card Number _____ CVV: _____ Exp: _____

Billing Address _____

Signature _____

Email for CC Receipt _____