



AHACPA

Training | Consulting | Support

2022

Payment is required at time of registration

* Secure send: <https://ahacpa.org/filedrop>

* Fax (801) 547-5070 * Call (801) 547-0809

* Mail to: AHACPA, 459 N 300 W #10, Kaysville, UT 84037

Registrant Information

Attendee Name ↑

Attendee Email ↑

Company/Firm/Organization Name ↑

Company Address, City, State, Zip ↑

Contact information if we have questions re: registration ↑

Main Phone Number ↑

Select Course(s)

Public Housing (PHA) Conference - LIVE in LAS VEGAS

Qty	June 28-29, 2022	Fee	Member Fee*	Total
	Live in Las Vegas <small>early registration before 6/7</small>	<input type="checkbox"/> \$750	<input type="checkbox"/> \$700	
	Live in Las Vegas <small>registration on or after 6/7</small>	<input type="checkbox"/> \$800	<input type="checkbox"/> \$750	

Public Housing (PHA) Conference - VIRTUAL ATTENDEE

Qty	June 28-29, 2022	Fee	Member Fee*	Total
	Virtual Option	<input type="checkbox"/> \$650	<input type="checkbox"/> \$600	

Conference Schedule:

June 28th: 8:00 AM Pacific - 5:00 Pacific

June 29th: 8:00 AM Pacific - 3:00 Pacific

Room Reservation Details - The Cosmopolitan Las Vegas

We have a limited number of rooms reserved at the rate of \$179 per night using the group code SCHH21. Reservations must be made by 06/06/2022 by calling (855) 435-0005 or online through the link below. Room reservation availability is on a first come first serve basis. Group room rate is valid for June 27th & 28th. We do not guarantee the availability of guest rooms.

<https://book.passkey.com/go/AHACPA2022>

Add/Renew Membership

* Membership is \$300/year and covers all individuals at a single location.

Fee	Total
<input type="checkbox"/> \$300	

Check your membership status here:

<https://ahacpa.org/membership/>

Payment Information

Total: \$ _____

Card Type:

Visa

MasterCard

Discover

AMEX

Cardholder Name ↑

Email Address for Credit Card Receipt ↑

Card Number ↑

Expiration ↑

CVV ↑

Billing Address, City, State, Zip ↑

**** Additional Attendees - Attach a separate page listing Name, email, and class(es) for each attendee (see pg 2)**

Company/Firm/Organization Name

Company Address, City, State, Zip

Contact information if we have questions re: registration

Main Phone Number

ADDITIONAL ATTENDEES

First and Last Name

Email Address

Which Class(es)?

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Notes/Comments: