

Payment is required at time of registration * Secure send: https://ahacpa.org/filedrop * Encrypted eFax (801) 547-5070 * Call (801) 547-0809 *info@ahacpa.org * Mail to: AHACPA, 459 N. 300 W. #10, Kaysville, UT 84037

Registrant Information: If registering multiple attendees, please list all attendees and courses on the next page

Attendee #1 Name 个		Attendee #1 Email 个	
Company/Firm/Organization Name 个			
Company Address 个	City ↑	State 个	Zip ↑
Contact information if we have questions re: registration \uparrow		Main Phone Number 个	

Select Course(s)

Public Housing Conference - Las Vegas	Full Fee		Member Fee		
June 10-11, 2024	Qty	Fee	Qty	Fee	Total
Public Housing Conference (In-Person)		\$1,100		\$1,050	
Public Housing Conference (Virtual)		\$1,000		\$950	
					\$
Register before May 10th for a \$50 discount per person					
					\$

Add/Renew AHACPA Membership	Qty	Fee	Total
* Membership is \$300/year and covers all individuals at a <i>single location</i> .		\$300	\$

If you are unsure of your organization's membership status you can check here: https://ahacpa.org/account/directory

	ISTRATION TOTAL:	\$
Coupon Code:		
OPTION 1: CHECK Send invoice to:	(PAYMENT (Invoice)	
Contact Name 个		
Email Address 个		
OPTION 2: CREDI	T CARD PAYMENT	
Cardholder Name	↑	
	↑ Credit Card Receipt ↑	x
Cardholder Name Email Address for (Card Number 个		·
Email Address for (Card Number 个		Card Type↑
Email Address for (Card Number 个	Credit Card Receipt イ	
Email Address for 0 Card Number ↑ Expiration ↑	Credit Card Receipt イ	

Conference Schedule:

June 10th: 8:00 AM Pacific - 5:00 Pacific June 11th: 8:00 AM Pacific - 3:00 Pacific

Room Reservation Details:

The Cosmopolitan, Las Vegas, 3708 Las Vegas Blvd South, Las Vegas, NV, 89109.

We have a limited number of rooms reserved at the rate of \$229 per night using our group code SAHAC4. Reservations must be made by 05/10/2024 by calling (855) 435-0005 or online at the link listed below. Room reservation availability is on a first come, first serve basis. Group room rate is valid for 06/09 & 06/10. We do not guarantee the availability of guest rooms.

https://book.passkey.com/go/AHACPA4

page 2 - Additional attendee information			
Company/Firm/Organization Name			
Company Address, City, State, Zip			
Contact information if we have questions re: registration			Main Phone Number
	List ALL Attend		
List Attendee Name, Email First and Last Name	il, and Class(es) using the form below, Email Address	or your own typed list	A <u>spreadsheet is greatly appreciated!</u> Which Class(es)?

Notes/Comments: