



*National Resident Services and Resident Leaders' Conference*

Detroit Marriott at the Renaissance

September 22 - 25, 2010

**REGISTRATION FORM**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check One:** ( ) Resident ( ) PHA Staff ( ) Service Provider ( ) Public Agency Staff  
( ) Resident Commissioner ( ) Business ( ) Other (Specify) \_\_\_\_\_

**Special Needs (if any):** Handicap ( ) Diabetic ( ) Other \_\_\_\_\_

Registration Fee: ( ) Member \$300 ( ) Resident \$350 ( ) Non-Resident \$375

**NOTE: The registration fee increases \$25.00 in each category after August 1, 2010.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed registration for and your check or money order to:

NAR-SAAH  
11958 Long Lake Drive - Suite 200  
Reisterstown, MD 21136

**You may charge your conference registration payment to VISA, MasterCard or American Express. Fax it to NAR-SAAH at (410) 526-0633.**

**AUTHORIZATION**

I authorize NAR-SAAH to charge \$ \_\_\_\_\_ to my VISA, MasterCard or American Express.

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_