

National Alliance of HUD Tenants

42 Seaverns Avenue, Jamaica Plain, MA 02130

Phone for information: 617-267-2949

naht@saveourhomes.org

16th Annual Save Our Homes Conference

June 19-22, 2010

REGISTRATION FORM

Fee includes conference materials, attendance at all plenary-session workshops, two lunches (Sunday and Monday) and one breakfast (Tuesday). Registrations faxed, e-mailed or sent without payment information will not be processed until payment has been received. Cancellation Policy: 50% refund. Registrations after June 5, 2010 are subject to a \$25.00 late fee.

Name of Organization/Tenant Group: _____

\$200	NAHT Voting Representative (1)	\$225	Other HUD Tenants from Member groups
\$275	NAHT Associate Members	\$325	All other attendees

NAHT Designated Voting Representative - \$200 (\$225 after 6/5/10):

Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	

Other HUD Tenants from Member groups - \$225 (\$250 after 6/5/10):

Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	
Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	
Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	
Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	
Less 10% discount for 5 or more tenants from same organization:			Amount:

Associate (non-voting) NAHT member group representative(s) - \$275 (\$300 after 6/5/10):

Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	

All others - \$325 (\$350 after 6/5/10):

Name:	Phone:	Email:	Amount:
Address:		City, State, Zip:	

NAHT Membership Renewal dues (\$25) Please fill out renewal form with your board list attached	Amount:
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TOTAL CONFERENCE FEES:	Amount:
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Hotel Reservations: Washington Plaza Hotel
 10 Thomas Circle NW * Washington, DC 20005
 (Ph) 202-842-1300/ 800-424-1140 * (Fax) 202-371-9602

For these rates, reserve by June 3, 2010:
 Single/Double Rooms \$149 + 14.5% Tax
 Triple Rooms \$169 + 14.5% Tax + \$25 for a Rollway Bed
 Quadruple Rooms \$189 + 14.5% Tax + \$25 per Rollaway Bed

Please indicate if you will need translation assistance: _____
 Please indicate if you will need other accommodations: _____

Language(s): _____
 Other accommodation: _____

MAKE CHECKS PAYABLE TO: National Alliance of HUD Tenants