

# Registration Form

Complete one form per person



## NATIONAL COALITION *for* HOMELESS VETERANS

2018 Annual Conference - *Progress. Practice. Perseverance.*

Please fill out all sections of the conference registration form and mail, email, or fax to:

NCHV, 1730 M Street NW, Suite 705, Washington, D.C. 20036; Email: [info@nchv.org](mailto:info@nchv.org); Fax: 202-546-2063

### CONTACT INFORMATION

FIRST AND LAST NAME (AS IT WILL APPEAR ON YOUR NAME BADGE)

ORGANIZATION

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

Are you a NCHV Member?  Yes  No

Would you like to become a member today?  Yes  No

### REGISTRATION FEES

MAY 30-JUNE 1, 2018

CONFERENCE FEE  Member.....\$495  
 Non-Member.....\$625

SPEAKER/FACULTY  Member.....\$195  
CONFERENCE FEE  Non-Member.....\$275  
(MUST HAVE CONFIRMATION)

ONE-DAY ONLY  Member.....\$270  
 Non-Member.....\$325

CHECK ONE:  Wednesday  Thursday  Friday

**Registration forms received after May 11 will be charged a \$35 late fee.**

See membership rates at [www.nchv.org](http://www.nchv.org), click 'Join NCHV' on right side of the page.

### PAYMENT

**REFUND POLICY:** A full refund will be made for cancellations if received by April 9, 2018. A 50% refund will be made for cancellations received between April 10 - May 1, 2018. No refunds will be made after May 1, 2018.

CONFERENCE REGISTRATION FEES \$ \_\_\_\_\_

ONE-DAY ONLY FEES \$ \_\_\_\_\_

HOUSING SUMMIT FEES \$ \_\_\_\_\_

MEMBERSHIP DUES \$ \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

PAYMENT METHOD:  VISA  MasterCard  Amex

CREDIT CARD # \_\_\_\_\_ / \_\_\_\_\_  
EXP. DATE SECURITY CODE

CARDHOLDER NAME

BILLING ADDRESS

CITY STATE ZIP

BILLING PHONE NUMBER

### ADDITIONAL INFORMATION

Is this your first NCHV Conference?  Yes  No

Type of organization:  Community-Based  
 Faith-Based  
 Fed/State/Local Government Agency  
 Other \_\_\_\_\_