



**Complete one form per registrant, and return to [registration@ncsha.org](mailto:registration@ncsha.org) or fax to 202-624-5899.**

Mail payment to:  
 NCSHA's 2018 HFA Institute  
 444 North Capitol Street, NW, Suite 438, Washington, DC 20001  
 202-624-7710 Fax: 202-624-5899 [www.ncsha.org](http://www.ncsha.org)

## 2020 HFA Institute Registration Form

### Washington, DC • January 12 - 17

	HFA and Associate Members		Affiliate Members		Nonmembers	
	<i>by Dec 9</i>	<i>after Dec 9</i>	<i>by Dec 9</i>	<i>after Dec 9</i>	<i>by Dec 9</i>	<i>after Dec 9</i>
<b>HOME and Housing Trust Fund (Jan 12-14)</b>	<input type="checkbox"/> \$455	<input type="checkbox"/> \$515	<input type="checkbox"/> \$525	<input type="checkbox"/> \$580	<input type="checkbox"/> \$585	<input type="checkbox"/> \$640
<b>Housing Credit (Jan 14-16)</b>	<input type="checkbox"/> \$455	<input type="checkbox"/> \$515	<input type="checkbox"/> \$525	<input type="checkbox"/> \$580	<input type="checkbox"/> \$585	<input type="checkbox"/> \$640
<b>MRBs (Jan 15-17)</b>	<input type="checkbox"/> \$455	<input type="checkbox"/> \$515	<input type="checkbox"/> \$525	<input type="checkbox"/> \$580	<input type="checkbox"/> \$585	<input type="checkbox"/> \$640
<b>Section 8 (Jan 15-17)</b>	<input type="checkbox"/> \$455	<input type="checkbox"/> \$515	<input type="checkbox"/> \$525	<input type="checkbox"/> \$580	<input type="checkbox"/> \$585	<input type="checkbox"/> \$640
<b>Guest (Happy Hour Only)</b> <i>All guests, including children of attendees, must have a guest badge to be admitted. NCSHA members may not register as a guest.</i>	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85
<b>Six-Day Pass</b> <i>Attend all four HFA Institute modules for a reduced price! Attend sessions in any module throughout the week, as your schedule allows. Contact <a href="mailto:registration@ncsha.org">registration@ncsha.org</a> to register for the six-day pass.</i>	<input type="checkbox"/> \$1315	<input type="checkbox"/> \$1495	<input type="checkbox"/> \$1525	<input type="checkbox"/> \$1690	<input type="checkbox"/> \$1705	<input type="checkbox"/> \$1870

Are you a conference Speaker or Discussion Leader?  Yes  No

Do you have any special needs or dietary requests?  Yes (please explain)  No

---



---

Name	Nickname for Badge
Position	
Agency or Company	
Address	
City, State, Zip	
Email	
Phone	Fax
Emergency Contact	
Name of Guest	

**Substitution Policy**

If you have registered and are no longer able to attend, you may substitute another individual at no extra charge. The payment made for the original registrant will be applied to the replacement's registration. Substitutions are allowed at any time and must be requested in writing.

**Cancellation Policy**

Cancellations must be received in writing. Confirmation of faxed cancellations may be required. No refunds will be given for cancellations received after **Tuesday, December 24** or for registrants who fail to attend the conference. "No shows" will be billed the full registration fee. A \$75 administrative fee will be deducted from all approved refunds.