



May 10-11, 2022 Conference Registration Form

Registration Fees

*Please note the registration fee is per person

	IAHHC Member		Non-Member	
	On or before April 26 Early Bird Special!	After April 26	On or before April 26 Early Bird Special!	After April 26
2-Day Conference	\$300	\$325	\$600	\$650
1-Day Conference	\$175	\$200	\$350	\$400

Interested in learning more about membership?

Contact Michelle Stein-Ordóñez, Membership Services Director
michelle@iahhc.org or 317-775-6672

Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Attendees

Attendee Name (1) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: Annual Meeting Yes No | 101 | 102 103 | 104 105 106 107 108 109 | 110 111 112 113 114 | Welcome Reception RSVP Yes No

Day 2: 201 | 202 | 203 204 205 206 207 208 209 | 210

Attendee Name (2) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: Annual Meeting Yes No | 101 | 102 103 | 104 105 106 107 108 109 | 110 111 112 113 114 | Welcome Reception RSVP Yes No

Day 2: 201 | 202 | 203 204 205 206 207 208 209 | 210

Attendee Name (3) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: Annual Meeting Yes No | 101 | 102 103 | 104 105 106 107 108 109 | 110 111 112 113 114 | Welcome Reception RSVP Yes No

Day 2: 201 | 202 | 203 204 205 206 207 208 209 | 210

Attendee Name (4) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: Annual Meeting Yes No | 101 | 102 103 | 104 105 106 107 108 109 | 110 111 112 113 114 | Welcome Reception RSVP Yes No

Day 2: 201 | 202 | 203 204 205 206 207 208 209 | 210

Method of Payment

Check (made payable to IAHC) Visa MasterCard AMEX

Total Amount Enclosed: _____

Card Number: _____ -- _____ -- _____ -- _____

Security Code: _____

Exp Date ____/____

Name (on card): _____

Billing Address (if different from above): _____

Auth. Sig: _____

City, State, Zip: _____



Mail completed form & payment to:
IAHC | 6320-G Rucker Road | Indianapolis, IN 46220

Or email form to: tori@iahhc.org