



# May 9-10, 2023 Conference Registration Form

## Registration Fees

\*Please note the registration fee is per person

|                  | IAHHC Member                                 |                | Non-Member                                   |                |
|------------------|--|----------------|--|----------------|
|                  | On or before April 25<br>Early Bird Special! | After April 25 | On or before April 25<br>Early Bird Special! | After April 25 |
| 2-Day Conference | <b>CLOSED</b>                                | \$350          | <b>CLOSED</b>                                | \$675          |
| 1-Day Conference | <b>CLOSED</b>                                | \$225          | <b>CLOSED</b>                                | \$425          |

Interested in learning more about membership?  
Contact Michelle Stein-Ordóñez, Membership Services Director  
michelle@iahhc.org or 317-775-6672

Agency: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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: | 101 | 102 | 103 104 105 106 107 108 109 | 110 111 112 113 114 115 | Welcome Reception RSVP - Yes No

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

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: | 101 | 102 | 103 104 105 106 107 108 109 | 110 111 112 113 114 115 | Welcome Reception RSVP - Yes No

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

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: | 101 | 102 | 103 104 105 106 107 108 109 | 110 111 112 113 114 115 | Welcome Reception RSVP - Yes No

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

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: | 101 | 102 | 103 104 105 106 107 108 109 | 110 111 112 113 114 115 | Welcome Reception RSVP - Yes No

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

### 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](mailto:tori@iahhc.org)