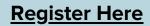
## **REGISTRATION FORM**





or mail to: NHLP, 1663 Mission St., Suite 460, San Francisco, CA 94103

Questions on your registration? Email 2024hjn@nhlp.org.

## Personal Information

Name	Pronouns	Name on Badge (If Different)	
Organization			
Mailing Address	City	State	Zip
Phone		Email	
Years of Housing Experience			
Is this your first HJN meeting?	Yes No	How many have you attended?	
Do you require special accom	modations? (Please attach	a description if needed.)	
Access Visual	Audio Vegetaria	n Other	
<b>Fees</b> See page 4 for fee amounts a	nd more information		
Training + Conference	Conference On	y Training Only	
Payment			
ing a credit card, payment mus be mailed separately.	st be included at the time o	of registration. Check or money order	payments
This payment covers more to My payment is based on a contract of the more than the mor		re attached a registration form for each umber) of attendees.	h paid attei
I have enclosed a check for	\$ made pa	ayable to National Housing Law Projec	ct.
Please bill my Mastercard/V	/isa for \$		
Card Number	EXP. date (Month/Year)		
Name of Cardholder		Authorized Signature	