

# 25<sup>th</sup> Annual Conference on Ending Homelessness

May 13-14, 2015

Greater Tacoma Convention & Trade Center

Online registration is encouraged and available at [www.wliha.org/COEH](http://www.wliha.org/COEH).

## FEES

Payment must be in U.S. currency. Full registration: 2 breakfasts, 2 lunches, 1 reception with light hors d'oeuvres, beverage breaks, and conference materials.

## REGISTRATION QUESTIONS

Emily Houg, Event Dynamics, Inc.  
253.448.3754  
[emily@eventdynamicsinc.com](mailto:emily@eventdynamicsinc.com)

## SEND FORM & PAYMENT TO

Event Dynamics, Inc.  
3042 Cain Road SE Olympia, WA  
98501-3806  
Fax: 253.449.0525  
[emily@eventdynamicsinc.com](mailto:emily@eventdynamicsinc.com)

## MAKE CHECKS PAYABLE TO

Event Dynamics, Inc.  
EIN#: 91-1705483  
Please include your registration form with payment. Do not staple.

## PURCHASE ORDERS (PO)

A PO is not considered payment. Full payment must be made with a check or credit card at the applicable rate based on the date payment is received. No-shows are subject to full payment and will be invoiced at the regular rate. Forms indicating payment through a PO will be considered a confirmed registration unless cancelled in writing by 5/1/15, and will be invoiced at the regular rate if the fee is not paid by the conference dates.

## REFUND & CANCELLATION

All registrations are subject to a non-refundable \$50 processing fee. Cancellations made in writing prior to 5/1/15 will receive a refund of the registration fee minus the \$50 processing fee. Cancellations after 5/1/15 are non-refundable. This policy applies to all registrations, including those forms accompanied by a PO.

## NO-SHOWS

No-shows are subject to full payment and will be invoiced at the regular rate. This policy applies to all registrations, including those forms accompanied by a PO.

## LATE PAYMENTS

Any registrant whose fees are unpaid after the conference will be invoiced at the regular rate. This policy applies to all registrations, including those accompanied by a PO.

## CEU CREDITS

Application to NASW-WA is pending for eligibility of some workshops as CEUs. Questions: Contact Kate Baber at 206.442.9455 x200 or [kateb@wliha.org](mailto:kateb@wliha.org).

**PLEASE RETURN ENTIRE PAGE**

## ATTENDEE INFORMATION

Complete one form per person. Please print clearly. Shared paper and phone registrations are not accepted. Confirmations will be sent via email. Space is limited, so register early!

First & Last Name (for badge) \_\_\_\_\_

Agency/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (Postal Code) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Information supplied above will be included in the conference roster provided to all participants.

**Please check this box if you would prefer to not have your information included in the conference roster.** ☐

Secondary Email (cc Email) \_\_\_\_\_

### Please check for medical dietary need:

☐ Vegetarian/Vegan

☐ Dairy Free

☐ Gluten Free

For any other medical-related dietary need, please contact Emily at [emily@eventdynamicsinc.com](mailto:emily@eventdynamicsinc.com) or 253.448.3754. It may not be possible to accommodate all requests.

### American Disabilities Act (ADA)

**Please list reasonable accommodation requests** \_\_\_\_\_

### Which of the following best describes you? (Choose one.)

☐ Housing Developer

☐ Student

☐ Advocate

☐ Government Employee

☐ Other (Write in: \_\_\_\_\_)

☐ Housing or Social Services Organization Staff (Choose one.)

☐ Direct Service Provider

☐ Director

☐ Program Manager

☐ Other (Write in: \_\_\_\_\_)

### Please let us know if these also describe you. (Choose any that apply.)

☐ I am a member of a housing or homelessness-related nonprofit board.

☐ I am currently or have previously experienced homelessness.

## RATES (Please check appropriate rate.)

	Early Rates (Payment by 4/20)	Regular Rates (Payment after 4/20)
<b>FULL REGISTRATION</b>		
Housing Alliance Member*	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
I am a member through the following organization: _____		
Non-Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
Speaker (Speakers ONLY receive a complimentary registration for the day of their presentation.)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<b>ONE DAY - Check Day:</b> <input type="checkbox"/> Wed. 5/13 <input type="checkbox"/> Thurs. 5/14		
Housing Alliance Member*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275
I am a member through the following organization: _____		
Non-Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325

\*Anyone from a Housing Alliance member organization can register at the Housing Alliance Member rate. Those registering at this rate will be monitored. Member organizations and how to become a member can be found at [wliha.org/about-us/member-organizations](http://wliha.org/about-us/member-organizations).

## PAYMENT METHOD

☐ Invoice Needed

☐ Check Enclosed

☐ Check In Process

☐ Purchase Order (PO) # \_\_\_\_\_ (See restrictions under PURCHASE ORDERS instructions.)

☐ Visa

☐ Master Card

☐ Discover

☐ American Express

Credit Card # \_\_\_\_\_

Name On Card \_\_\_\_\_

Complete Billing Address \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CVV Code # \_\_\_\_\_

Signature \_\_\_\_\_

*Credit card receipts will reflect a charge to Event Dynamics, Inc. and will be emailed to the registrant listed above, unless otherwise noted. For security purposes, it's recommended that forms reflecting credit card payments be submitted by fax or postal mail. Event Dynamics, Inc., the Housing Alliance and its agents are not liable for fraudulent use of credit card information when submitted via email.*

## MEALS (To help us plan, please indicate the meals you will attend.)

### Wednesday, May 13, 2015

Breakfast

☐ Yes

☐ No

Lunch

☐ Yes

☐ No

Reception

☐ Yes

☐ No

### Thursday, May 14, 2015

Breakfast

☐ Yes

☐ No

Lunch

☐ Yes

☐ No