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## 2022 Community Management Training Seminars Registration Form

Please fill out the registration form **completely, legibly & accurately**. Submit a separate form for each registrant. (Managers/owners from non-member parks/entities may not register under a member name & pay member rates. **If training is being taken for more than one park, you must provide complete information for each park.** If a non-member park is included, then registrants will pay non-member pricing, regardless of the status of other included parks. Registrants must be **on time & complete the entire course** for MHCO to certify the training hours to the **Department of Housing and Community Services**.

### 1) Indicate Which Seminar You Wish To Attend

- Thursday, February 24, 2022 – **Wilsonville Holiday Inn** – 8:30AM – 1:30PM (Deadline: **February 17, 2022**)
- Thursday, May 19, 2022 – **Online via ZOOM** – 8:30AM – 1:30PM (Deadline: **May 12, 2022**)
- Tuesday, July 19, 2022 – **Online via ZOOM** – 8:30AM – 1:30PM (Registration Deadline: **July 12, 2022**)

### 2) Registrant and Park Information

Registrant's Name \_\_\_\_\_

Owner: \_\_\_\_\_ Onsite Manager: \_\_\_\_\_ Offsite Manager: \_\_\_\_\_

Community/Park Name \_\_\_\_\_

Community/Park Physical Address \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (County) \_\_\_\_\_

Registrant's Telephone \_\_\_\_\_ Registrant's E-Mail \_\_\_\_\_

Check this box if you want to allow MHCO to share your phone number and email address with OHCS, the MMCRC department of the State of Oregon.

### 3) Payment Information

All **cancellations** or **replacements** must be received in writing **prior** to the published seminar deadline date and there will be a **cancellation fee of \$75**. There will be no refunds for cancellations **7 days before the seminar** or on the day of the seminar.

Number of Registrants: **MHCO Members:** \_\_\_\_\_ X **160.00** = \_\_\_\_\_

Non - Members: \_\_\_\_\_ X **225.00** = \_\_\_\_\_

Check Payable to MHCO for \$ \_\_\_\_\_ or Charge my Credit Card for \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
(Please Print Legibly)

Card Billing Address: \_\_\_\_\_

VISA/MasterCard #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV # on back of Card: \_\_\_\_\_

### 4) To secure your registration – send this form and payment to:

MHCO, PO Box 12709, Salem, OR 97309  
Phone: 503-391-4496 Fax: 1-503-214-8100 E-mail: MHCOregon@gmail.com