



www.mhco.org

MHCO 2023 Annual Conference Monday, October 23rd & Tuesday, October 24th Graduate Eugene – Eugene, Oregon

Attendee Registration Form

Please Register and Pay per Person.
Registration and Payment Deadline is October 13th.

If you are registering **someone besides yourself**, you must list **each individual's email address** so that each individual registrant can be sent the appropriate confirmation information. 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. Registrants must be **on time & complete the entire course** for MHCO to certify the training hours to the **Department of Housing and Community Services**.

All **cancellations** or **replacements** must be received **in writing** at least **1 week prior** to the above seminar deadline date. There will be a **cancellation fee of \$75**. There will be no refunds for cancellations received after October 13th.

1) Registrant and Park Information

Registrant's Name _____
Owner: _____ Onsite Manager: _____ Offsite Manager: _____

Community/Park Name _____

Community/Park Physical Address _____
(Street Address)

(City) _____ (County) _____ (State) _____ (Zip) _____

Email Address _____ Phone _____

2) Indicate Which Conference Option (There are 8 options, please choose carefully)

IN PERSON AT THE GRADUATE HOTEL:

Both Days – 23rd & 24th MHCO Member

\$370.00

Both Days – 23rd & 24th Non-Member

\$595.00

October 24th ONLY, MHCO Member

\$190.00

October 24th ONLY, Non-Member

\$290.00

ONLINE VIA ZOOM:

Both Days – 23rd & 24th MHCO Member

\$370.00

Both Days – 23rd & 24th Non-Member

\$595.00

October 24th ONLY MHCO Member

\$190.00

October 24th ONLY Non-Member

\$290.00

3) Payment Information

Check Payable to MHCO or Debit/Credit Card Accepted

Name on Card: _____ Authorized Signature: _____
(Please Print Legibly)

Card Billing Address: _____

Credit Card #: _____ Expiration Date: _____ CVV # on back of Card: _____

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

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