****

**2023 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**

Tuesday, March 7, 2023 – **Wilsonville Holiday Inn –** 8:30AM – 1:30PM (**Payment Deadline**: February 28, 2023)

Thursday, May 18, 2023 **–** **Online via ZOOM** – 8:30AM – 1:30PM (**Payment Deadline**: May 11, 2023)

Wednesday, August 23, 2023 – **Online via ZOOM –** 8:30AM – 1:30PM (**Payment Deadline**: August 16, 2023)

**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. **Please be aware that newly hired managers have 75 days to attend training if they have not already attended training.**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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**