



www.mhco.org

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