	LHC	2019 ANNUAL FALL CO	ONFERENCE					
SEPTEMBER 16 – 20, 2019								
Renaissance Baton Rouge Hotel 7000 Bluebonnet Blvd. Baton Rouge La. 70810								
	•	ons, please make your reservations d <u>w.marriott.com/events/start.mi?id=1</u> Louisiana Housing Council Con	561650787728&key=GRP with t	• •				
Please complete this form and return with check as indicated below:								
ADVANCE REGISTRATION								
PLEASE CHECK ONE: PUBLIC HOUSING SECTION 8 COMMUNITY REV. & DEV ASSOCIATE MEMBER								
Is your agency a paid-up member of the Louisiana Housing Council Yes Ves No								
	*NOTE: THERE WILL B	E A \$25.00 SERVICE CHARGE ON ALL REG		/19. J-Members				
	ADVANCE REGISTRATION	I		\$275.00				
	LATE REGISTRATION ONSITE REGISTRATION	**Registration received AFTER 9/9/19	•	\$325.00 \$375.00				
Agency:								
Address:								
City:		ST:	Zip Code:					
PERSON(S)	ATTENDING:							
1)	NAME:	Atte	ending Thursday Luncheon?	Yes 🗌 No				
	TITLE:	Atter	Attending Thursday Reception? Yes 🗌 No 🗍					
2)	NAME:	Attending Thursday Luncheon? Yes 🗌 No						
	TITLE:	Attending Thursday Reception? Yes 🗌 No 🗍						
3)		Atto		Yes 🗆 No				
,	TITLE:Attending Thursday Reception? Yes 🗌 N							
4)		Atto		Yes No				
,		Atter		Yes No				
	Check #:	Amou	nt:					
Please remit form and payment to: Louisiana Housing Council P.O. Box 283 Hammond, LA 70404								

	LHC 2	019 ANNUAL	FALL CONFERENCE					
SEPTEMBER 16 – 20, 2019								
Renaissance Baton Rouge Hotel								
7000 Bluebonnet Blvd. Baton Rouge, La. 70810								
CONFERENCE SPOUSE / GUEST REGISTRATION								
This registration form is for GUESTS only. Please complete this form only if you will be bringing a guest to the Thursday luncheon or the President's Banquet on Thursday night. Admittance to the Thursday luncheon and Thursday evening reception will be by ticket only.								
	Spouse/Guest Registrat							
	\$40.00							
Spouse/Guest Registration for the conference Tuesday-Friday \$70.00								
PLEASE COMPLETE THE FORM BELOW FOR ALL GUESTS / SPOUSES Agency:								
	·							
Address	s:							
City	/:		ST:	Zip Code:				
Phone	2.							
GUEST(S) AT								
1) Name:								
A	ttending Thursday Luncheon?	Yes No	Attending Thurso	day Reception? Yes No				
·	ttending Thursday Luncheon?	Yes No	Attending Thurso	lay Reception? Yes No				
3) Name:								
	ttending Thursday Luncheon?	Yes No	Attending Thurso	lay Recepton? 🔄 Yes 🔄 No				
	ttending Thursday Luncheon?	Yes No	Attending Thurso	lay Reception? Yes No				
	Check #:		Amount:					
Please remit form and payment to: Louisiana Housing Council								
P.O. Box 283 Hammond, La. 70404								