



**Register to save 5%
on regular priced classes.**

Per: Katharine Farrell KFarrell@nchm.org

EXPIRATION DATE: Early Bird 11/13/15 Regular 11/18/15 R5 - 051315

Course: Certified Occupancy Specialist (COS)

Location: Minneapolis, MN

Course date(s): December 9-11th, 2015

Participant 1: _____ email*: _____

Participant 2: _____ email*: _____

Participant 3: _____ email*: _____

Taken a NCHM class before? Yes No

Taken a NCHM class before? Yes No

Taken a NCHM class before? Yes No

**** Required to ensure receipt of event information, including test results**

CHECK APPLICABLE: Management Organization Site

Organization Type: Management Agent PHA HUD

Organization or Site Name: _____

Street: _____ Suite/Room/Apt.: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

PAYMENT OPTIONS Select one. See below for program costs.

A check in the amount of _____ is enclosed. Please apply the credit on my account Please send me an invoice

CREDIT CARD: Please charge my: VISA MasterCard American Express in the amount of \$ _____

Card #: _____ Exp. Date: _____

Cardholder's Signature: _____ Cardholder's Name: _____

Billing address: _____

Phone: _____ Fax: _____ Email: _____

PROGRAM COSTS Please check appropriate box.

	Early bird pricing*	Regular pricing
<input type="checkbox"/> 3-DAY COURSES (COS, COSP, CFS, CMH, CMM, TCS, CVS, MORS, ERS, BOS).....	\$745	\$795 \$756
<input type="checkbox"/> Individuals with active NCHM certification	\$675	\$685 \$689
<input type="checkbox"/> Re-take (if you failed an exam in the past year)	\$585	\$635 \$604
<input type="checkbox"/> COS/COS Prep Bundle	\$795	\$845 \$803
<input type="checkbox"/> Individuals with active NCHM certification	\$720	\$770 \$732
<input type="checkbox"/> COS exam retest/COS Prep Bundle.....		\$325
<input type="checkbox"/> COS Advanced		\$650
<input type="checkbox"/> Individuals with active NCHM certification		\$600
<input type="checkbox"/> EIV A-Z - Bundle price for all three sessions		\$295
<input type="checkbox"/> EIV A-Z - Price per session, non-bundled		\$125
<input type="checkbox"/> Live/On-Demand Webinars (90 Min)	\$139	(\$95 Online/Phone)
<input type="checkbox"/> Exam Day Re-Test		\$265

For students who want to retake an exam they failed in previous 12 months..... **\$265**

2-DAY COURSES (RADAR, FHR, SBCR, or 3-day courses w/o exam)..... **\$560 \$610 \$580**

Individuals with active NCHM certification

1-DAY COURSES (FHE, HQS, UPCS)

Individuals with active NCHM certification

RHM Independent Study

Framed Certificate Upgrade

*Registrations must be received no later than 30 days prior to event to receive discount. Students are responsible for confirming timely receipt of registration. Early registrations not applicable for 5% discount.

**Certain restrictions apply. Please call for more information or to register.

CANCELLATION POLICY — PLEASE READ:

CANCELLATION POLICY: Full refunds will be honored, provided that written cancellation requests are received no later than **30 days** prior to the start of the program. No refunds will be issued on cancellation requests received less than **30 days** prior to the start of the program. After that, cancellations are subject to the entire registration fee, which may be applied toward a future event. **Please note: If you do not cancel and do not attend, you are still responsible for payment.**

Substitutes (any person replacing a currently registered student at the same class, location and dates) will be processed without penalty. All substitutions must be received in writing prior to the start of the program. All registrations received less than 30 days prior to the start of the program are still bound to this cancellation policy.

NCHM will issue a Confirmation of Cancellation letter upon processing a cancellation request. If registrants do not receive this confirmation letter, it is their responsibility to confirm that NCHM has received the cancellation request no later than 30 days prior to the start of the event.

NCHM is not responsible for expenses incurred as a result of a program cancellation, rescheduling, or Acts of God (i.e., natural disaster, national emergency or an event which makes holding the training impossible). NCHM reserves the right to change this policy without prior notice.

A late fee of \$50 is applied to registrations received within seven days of the scheduled event in order to cover special shipping and setup-related charges that result from late changes to a scheduled class

PAYMENT: The full amount for the program is to be paid no later than 14 days prior to the start of the course (30 days to be eligible for early-bird discount). Please specify participant's name, course name, dates and location of seminar with payment. If payment cannot be issued by this date, it is the registrant's responsibility to contact NCHM immediately to make payment arrangements. NCHM will not cancel registration based on non-payment prior to the start of the course. A \$25 fee will be charged for returned checks.

HOTEL INFORMATION: Courses are not guaranteed to run until minimum registration requirement has been fulfilled. Once the minimum has been met, site selection will be made no later than two weeks prior to the program. The cost of meals and hotel accommodations are not included in the registration fee. NCHM makes no guarantee of lodging availability. Registrants are responsible for their own travel arrangements.

LANGUAGE: All programs are taught in English. A Spanish translator will be provided in Puerto Rico.

REGISTRATION CONFIRMATION: NCHM will send a written confirmation letter upon processing your registration. If you do not receive the registration confirmation letter prior to the scheduled event, it is your responsibility to contact NCHM to obtain a confirmation letter.

NON-DISCRIMINATION: NCHM admits students without regard to race, sex, color, national or ethnic origin, or disability to all of the rights, privileges, programs, and activities generally accorded or made available to students at NCHM. We do not discriminate on the basis of race, color, sex, national or ethnic origin or disability in the administration of our educational, admissions, or employment policies.

Registrations will not be processed without signature below

Signature of authorized payer (this may be either the student or the supervisor who approves training expenditures)

I have read, and agree to be bound by the terms and conditions set forth on this registration form. In addition, I am authorized by the organization listed above, to incur these charges on its behalf. (If you are not authorized, please have an authorized person sign this section of the registration form.)

Signature: _____ Printed name: _____ Email: _____