

\$100 MEMBER DISCOUNT FOR EACH PARTICIPANT ... BE SURE THAT YOUR MEMBERSHIP IS UP TO DATE

CANCELLATION POLICY:

NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS WITHIN SEVEN DAYS OF THE EVENT OR FOR REGISTRANTS WHO FAIL TO ATTEND.
POLICY MAY BE WAIVED IF CANCELLATION IS DUE TO "FORCE MAJEURE" REASONS. ALL CANCELLATION REQUESTS MUST BE MADE IN WRITING TO:
PAHMA, PO BOX 199, GLENSHAW, PA 15116 OR TO INFO@PAHMA.ORG

FOR YOUR COMFORT:

SINCE ROOM TEMPERATURES ARE DIFFICULT TO REGULATE TO EVERYONE'S SATISFACTION, LAYERED CLOTHING IS STRONGLY RECOMMENDED

EVENT ETIQUETTE:

ALL ATTENDEES ARE REQUIRED TO ABIDE BY THE EVENT ETIQUETTE AND STANDARDS OF BEHAVIOR POLICY WHICH CAN BE FOUND ON OUR WEBSITE, WWW.PAHMA.ORG, AND WILL BE AVAILABLE IN HARD COPY AT EACH EVENT.

IN THE EVENT OF SPEAKER CANCELLATION: PAHMA RESERVES THE RIGHT TO SUBSTITUTE THE SPEAKER/TOPIC AND/OR RESCHEDULE THE TRAINING.

FOR MORE INFORMATION: CONTACT US AT INFO@PAHMA.ORG OR LEAVE A MESSAGE AT 412-445-8357

PAHMA Spring Conference
Wednesday, April 24th 2019
DoubleTree by Hilton, Pittsburgh-Cranberry
910 Sheraton Drive, Mars, PA 16046

TRAINING SESSION BEGINS AT 8:30 a.m. (see previous page for additional details)

Management Company Name _____

Contact Person / Property Name _____

Street Address _____

City, State & ZIP Code _____

Business Phone _____ E-Mail _____

Emergency Contact & Phone _____

- CHECK HERE IF YOU DO NOT WANT EMAIL ADDRESSES ADDED TO THE PAHMA CONTACT LIST**
- SPECIAL NEEDS:** PLEASE LET US KNOW IF A PARTICIPANT REQUIRES ANY SPECIAL ACCOMMODATIONS OR DIETARY NEEDS

Name of Participants (use back if needed)	Email address

EARLY BIRD DISCOUNT THROUGH MARCH 4th

Participants: PAHMA Members _____ x \$199 (\$224 starting 4/5/19) \$ _____
Non-Members _____ x \$299 (\$324 starting 4/5/19) \$ _____

**SAVE \$100 for each participant – visit www.pahma.org/membership/ for information on becoming a member

SUBMIT YOUR PAYMENT PRIOR TO THE SEMINAR

MAIL YOUR REGISTRATION FORM and PAYMENT BY April 4th to guarantee Early-Bird Pricing
checks should be made payable to **PAHMA** and sent to: **PO Box 199, Glenshaw, PA 15116-0199**

REGISTER EARLY. SEATING IS LIMITED. PRICE INCREASE of \$25 April 5th.

FOR CREDIT CARD PAYMENTS:

Name as it appears on the card _____

Credit Card Number _____

Expiration Date _____ CVC Code _____

Email Address for Receipt _____

contact info@pahma.org if assistance is needed with credit card payments