HUD BEST PRACTICES 2000 SYMPOSIUM
Neighborhood Networks Track
(Registrations accepted by Fax or U.S. Mail)
Registration Form

Name: _____ **Title (Mr., Ms., Dr., etc.)** _____

Organization: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (__)_____ **Fax: (__)**_____ **Email:** _____

Please indicate any special accommodations you may require:

1) ADA _____
2) Dietary _____

ORGANIZATION INFORMATION (please select one)

_____ **CHDO**
_____ **Community-based non-profit**
_____ **Faith-based Organization**
_____ **Financial Institution**
_____ **For-Profit Organization**
_____ **Non-Profit Intermediary**
__X__ **Neighborhood Networks Organization**
_____ **Government, Federal**
_____ **Government, State**
_____ **Government, City**
_____ **Public Housing Authority**
_____ **Other**

Are you a Best Practice Nominee ? **Y N**

Are you a Presenter/ Speaker ? **Y N**

Are you interested in purchasing a video or audio recording of sessions on-site? **Y N**

Are you interested in exhibiting or serving as a video/poster presenter? **Y N**

HOTEL INFORMATION

Arrival Date: _____ **Time:** _____ **Departure Date:**_____ **Time:**_____ **No. of Persons in Room:** _____

Room Type: _____ **1 bed** _____ **2 beds** _____ **Non-smoking** _____ **Smoking**

CREDIT CARD INFORMATION

Advance payment in the amount of $135.11 per person (single occupancy) is required as one-night guarantee for lodging. Please send a check with registration or provide credit card information below. **Please make checks payable to KRA Corp/Best/Practices**

☐ **Check** ☐ **Amex** ☐ **Visa** ☐ **MasterCard**

Account No.: _____

Expiration Date: _____ **Cardholder's Name:** _____

Signature:_____

Return the completed form with payment to:
U.S. Department of Housing and Urban Development
Neighborhood Networks
9300 Lee Highway
Fairfax, VA 22031
Phone: (888) 312-2743
FAX: 703-934-3260

To ensure room availability, please submit your registration by July 14, 2000