



Updated 03/24/2026

Payment is required at time of registration

\* Secure send: <https://ahforward.com/filedrop>

\* Encrypted eFax (801) 547-5070 \* email: info@ahforward.com

Registrant Information (add additional attendees on side 2)

\_\_\_\_\_  
 \_\_\_\_\_

Attendee Name ↑

Attendee Email ↑

Company/Firm/Organization Name ↑

FULL Company Address, City, State, Zip ↑

Contact information if we have questions re: registration ↑

Main Phone Number ↑

Select Course(s)

TRACK		Date	Course Description	Hrs	Qty	Fee per person*	Total
PH	HCV						
X	X	02/10	PH and HCV Eligible and Ineligible Uses of Funds	3		\$179	
X		02/17	Public Housing Cash Management	3		\$179	
X	X	04/16	HUD Reporting Systems	3		\$179	
X	X	04/23	Accounting for Component Units/RAD Conversions	3		\$179	
X	X	05/07	Family Self-Sufficiency Program Reporting	2		\$129	
X	X	05/14	Developing a Cost Allocation Plan	3		\$179	
	X	05/21	Housing Choice Voucher Funding	3		\$179	
X	X	06/11	Prepare for Your Audit / GASB Update	3		\$179	
X	X	06/16	Board Meetings and Open Meetings Act (OMA)	2		\$129	
	X	06/23	Housing Choice Voucher Two Year Tool	3		\$179	
X		07/09	Operating Budgets	2		\$129	
X		07/16	Public Housing Year-End Reporting	3		\$179	
	X	08/04	Mod Rehab and SROs - The Forgotten Programs	2		\$129	
X	X	08/11	Asset Management and COCC	3		\$179	
	X	08/18	Housing Choice Voucher Year End Reporting	3		\$179	
X		09/03	Capital Fund Program	3		\$179	
	X	09/10	SEMAP Indicators and Certification Review	3		\$179	
X		09/17	Public Housing Assessment System (PHAS)	3		\$179	
X	X	09/29	Understanding Financial Statements	3		\$179	
	X	10/06	Portability Billing, Reporting, and Best Practices	3		\$179	
X		10/15	Public Housing Operating Fund	3		\$179	
	X	10/22	Voucher Management System (VMS)	3		\$179	
X		11/17	EPIC Reporting Requirements	2.5		\$159	
	X	12/15	VMS Calendar Year Reconciliation	2.5		\$159	

Organizations or participants that register for 3 or more of the same/different courses will receive \$10 discount per course.

Discount applies to registrations submitted at the same time and is not retroactively applied.

Course Registration Fee Subtotal:   
 Discount: # of courses \_\_\_\_ x \$10   
 Total:

**OPTION 1: CHECK PAYMENT (Invoice)**

Send invoice to:

\_\_\_\_\_  
 Contact Name ↑

\_\_\_\_\_  
 Email Address ↑

**OPTION 2: CREDIT CARD PAYMENT:**

\_\_\_\_\_  
 Cardholder Name ↑

\_\_\_\_\_  
 Email Address for Credit Card Receipt ↑

\_\_\_\_\_  
 Card Number ↑

\_\_\_\_\_  
 Expiration ↑

\_\_\_\_\_  
 CVV ↑

\_\_\_\_\_  
 Billing Street ↑

\_\_\_\_\_  
 Billing City, State, Zip ↑

If paying by check make sure you send a copy of this registration form to info@ahforward.com

**\*\* Additional Attendees - Attach a separate page listing Name, email, and class(es) for each attendee (see pg 2)**

