AH FORWARD 2024

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								
PH	HCV	ED 101	Date	Course Description	Hrs	Qty	Fee per person*	Total
X			01/11	EPIC Reporting Requirements	2.5		$129	
	X		01/23	SEMAP Indicators & Certification Review	3		$179	
X	X		02/08	Prepare for Your Audit / GASB Update (New)	3		$179	
X	X	X	02/22	PH & HCV Eligible and Ineligible Uses of Funds	3		$179	
X	X		04/16	Family Self-Sufficiency	2		$129	
X	X	X	04/23	Understanding Financial Statements	3		$179	
	X		05/07	Housing Choice Voucher (HCV) Funding	3		$179	
X	X		05/14	Accounting for Component Units/RAD Conversions (Ne	3		$179	
X	X		05/23	Developing a Cost Allocation Plan	3		$179	
	X		06/06	HCV Two Year Tool	3		$179	
X			06/18	Public Housing Year-End Reporting	3		$179	
X			06/27	Capital Fund Program	3		$179	
	X		07/11	Voucher Management System (VMS)	3		$179	
	X		07/23	Housing Choice Voucher Year-End Reporting	3		$179	
X			08/08	Operating Budgets	2		$129	
X	X		08/15	Mod Rehab & SROs – The Forgotten Programs (New)	2		$159	
	X		08/22	Portability Billing, Reporting, and Best Practices	3		$179	
X			09/10	Asset Management & COCC	3		$179	
X			09/17	Public Housing Assessment System (PHAS)	3		$179	
X	X	X	10/08	Board Meetings & Open Meetings Act (OMA)	2		$129	
X			10/17	Procurement Policy & Procedures	3		$179	
X			10/24	Public Housing Operating Fund	3		$179	
X	X	X	11/14	HUD Reporting Systems	3		$179	
X	X		11/21	Effective Internal Controls	3		$179	
	X		12/12	12/12/**2024** VMS Calendar Year Reconciliation	2.5		$129	

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)

Company/Firm/Organization Name

Company Address, City, State, Zip

Contact information if we have questions re: registration   Main Phone Number

ADDITIONAL ATTENDEES

First and Last Name	Email Address	Which Class(es)?

Notes/Comments: