



Please complete this registration form for each individual attendee.

* Required

First Name* _____ Last Name* _____

Habitat Affiliate Name* _____

Position at Affiliate _____

Mailing / Billing Address

Street _____

City _____ State _____ Zip _____

Phone _____ Email* _____

I would like to request a scholarship to cover my registration fees for conference.

- I am a student with a college campus chapter.
- I am a board member and my affiliate is not covering my registration cost.
- My affiliate serves less than three families a year and does not have the resources to pay the registration cost.
- I have an extenuating circumstance.

Conference Fee(s)

- I will be attending both days \$100.00
- I will be attending Friday only \$65.00
- I will be attending Saturday only \$75.00

Total _____

Credit Card Information



First Name _____ Last Name _____

Credit Card Number _____ Security Code _____

Expiration Month _____ Expiration Year _____

Signature _____

- Check is enclosed