

May 5-6, 2026

Conference Registration Form

Registration Fees

*Please note the registration fee is per person

	IAHHC Member		Non-Member	
	On or before April 22 Early Bird Special!	After April 22	On or before April 22 Early Bird Special!	After April 22
2-Day Conference	\$350	\$375	\$650	\$700
1-Day Conference	\$225	\$250	\$400	\$450

Interested in learning more about membership?
Contact Leslie Rowley, Director of Membership Services at
leslie@iahhc.org.

Agency: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

Attendees

Attendee Name (1) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 107 | 108 109 110 111 112 | 113 114 115 116 117 | 118 119 120 121 122 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 206 | 207 208 209 210 211 212 | 213 214 215 216 | 217

Attendee Name (2) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 107 | 108 109 110 111 112 | 113 114 115 116 117 | 118 119 120 121 122 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 206 | 207 208 209 210 211 212 | 213 214 215 216 | 217

Attendee Name (3) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 107 | 108 109 110 111 112 | 113 114 115 116 117 | 118 119 120 121 122 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 206 | 207 208 209 210 211 212 | 213 214 215 216 | 217

Attendee Name (4) _____

Email: _____

(Required for confirmation)

Circle Days Attending: Tues. Wed. Fee: _____

Please circle the sessions and special events you plan to attend:

Day 1: 101 | 102 | 103 104 105 106 107 | 108 109 110 111 112 | 113 114 115 116 117 | 118 119 120 121 122 | Welcome Reception RSVP - Yes No

Day 2: 201 | 202 203 204 205 206 | 207 208 209 210 211 212 | 213 214 215 216 | 217

Method of Payment

Check (made payable to IAHC) Visa MasterCard AMEX

Total Amount Enclosed: _____

Card Number: _____ -- _____ -- _____ -- _____

Security Code: _____ Exp Date ____/____

Name (on card): _____

Billing Address (if different from above): _____

Auth. Sig: _____

City, State, Zip: _____



Mail completed form & payment to:
IAHC | 6320-G Rucker Road | Indianapolis, IN 46220

Or email form to: tori@iahhc.org