

# April 22-23, 2025

## Conference Registration Form

### Registration Fees

\*Please note the registration fee is per person

	IAHHC Member		Non-Member	
	On or before April 9 Early Bird Special!	After April 9	On or before April 9 Early Bird Special!	After April 9
2-Day Conference	\$350	\$375	\$650	\$700
1-Day Conference	\$225	\$250	\$400	\$450

Interested in learning more about membership?  
Contact Michelle Stein-Ordóñez, Membership Services Director  
michelle@iahhc.org or 317-775-6672

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 | 119 120 121 122 123 | Welcome Reception RSVP - Yes No

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

**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 | 119 120 121 122 123 | Welcome Reception RSVP - Yes No

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

**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 | 119 120 121 122 123 | Welcome Reception RSVP - Yes No

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

**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 | 119 120 121 122 123 | Welcome Reception RSVP - Yes No

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

### 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](mailto:tori@iahhc.org)