

REGISTRATION FORM

Council for Affordable and Rural Housing

2025 Midyear Meeting

Monday, January 27 - Wednesday, January 29

The Ritz-Carlton Baccara • Santa Barbara • California



Name *(Please complete separate form for EACH registered attendee)* _____ Title _____

Company/Organization _____

Street Address _____

City _____ State _____ Zip _____

Preferred Phone Number Work Cell _____ Email _____

Guest Name(s) *(If guest(s) will be attending any of the receptions, name(s) must be provided and fee below must be paid)* _____

Attendee dietary restrictions (i.e., gluten or dairy free, vegetarian, etc.)? Please list:

How would you best describe your company? Developer Manager Owner Syndicator/Equity Financier Lender
 Attorney Vendor/Supplier CARH State Affiliated Association Executive Other (please describe)

CARH Golf Tournament: To register for the Golf Tournament on **Tuesday, January 28, 2025**, visit <https://bit.ly/3ACN9PL> for the Tournament Registration Form and Tournament Sponsorship opportunities. Tournament Registration Form and payment must be received by **January 2, 2025**.

REGISTRATION FEES	By Dec 2	By Jan 2	After Jan 2	
Advisory Trustee (first registration free):				
2 or more attendees (per person)	\$810	\$835	\$860	\$
Associate Plus (first registration free):				
2 or more attendees (per person)	\$860	\$885	\$910	\$
Basic Plus Member:				
1 or 2 attendees (per person)	\$910	\$935	\$960	\$
3 or more attendees (per person)	\$860	\$885	\$910	\$
Associate or Basic Member:				
1 or 2 attendees (per person)	\$960	\$985	\$1,010	\$
3 or more attendees (per person)	\$910	\$935	\$960	\$
State Affiliated Assn. Member:				
1 or 2 attendees (per person)	\$1,010	\$1,035	\$1,060	\$
3 or more attendees (per person)	\$960	\$985	\$1,010	\$
Exhibitor's Table + 1 Member Attendee:				
Each additional exhibitor attendee	\$925	\$850	\$875	\$
Non-Member:				
1-2 attendees (per person) (non-exhibitor)	\$2,100	\$2,100	\$2,100	\$
3 or more attendees (per person)	\$1,500	\$1,500	\$1,500	\$
Exhibitor's Table + 1 attendee	\$3,500	\$3,500	\$3,500	\$
Each additional exhibitor attendee	\$1,500	\$1,500	\$1,500	\$
Government Employee:				
	\$670	\$695	\$720	\$
Additional Guest Registration Fees:				
Monday, January 27 -				
Opening Reception	\$120	\$120	\$120	\$
Tuesday, January 29 -				
Networking Reception	\$120	\$120	\$120	\$
TOTAL				\$

(Receptions are included in registration fee. Complete section only for additional guests.)

HOTEL INFORMATION

To make your reservation at The Ritz-Carlton Baccara call **844-252-9422** and identify yourself as part of the "Council for Affordable & Rural Housing" room block. To reserve online, visit <https://book.passkey.com/go/CARHMeeting2025>. Registrants will receive a special rate of **\$359** per night for single/double occupancy. To receive this rate, you must make your reservations no later than **Thursday, January 2, 2025**. **NOTE: If you must cancel your hotel reservation for any reason, please first contact CARH.**

Visit www.CARH.org to Become a Meeting Sponsor

CANCELLATION/REFUND POLICY

Cancellations must be made via email to emarecheau@carh.org. A \$50 cancellation fee will be deducted from refunds for cancellations received by Friday, January 10, 2025. A \$125 cancellation fee will be deducted from refunds for cancellations received after that date. No refunds will be provided for cancellations received after Wednesday, January 22, 2025, or for failure to attend the program. An additional \$100 will be assessed on all at-door registrations.



To pay by credit card, complete the section below. Or, make check payable to "CARH". Send form and payment to:

Council for Affordable and Rural Housing
 116 S. Fayette Street
 Alexandria, VA 22314
carh@carh.org ~ 703-837-8467 (fax)
 Call 703-837-9001 with any questions.

To pay by credit card, complete the following, or visit <https://www.carh.org/product/carh-payment/>

American Express Visa MasterCard Discover

Card Number _____ Expiration Date _____ Security Code _____

Name as it Appears on Card _____ Signature (required) _____

Billing Address _____ City _____ State _____ Zip _____