

**REGISTRATION FORM**

# Council for Affordable and Rural Housing 2026 Annual Meeting & Legislative Conference

Monday, June 22 - Wednesday, June 24  
The Ritz-Carlton Pentagon City • Arlington, Virginia



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)

REGISTRATION FEES	By May 15	By June 5	After June 5	
<b>Advisory Trustee</b> <i>(first registration free)</i> :				
2 or more attendees (per person)	\$850	\$900	\$950	\$
<b>Broker/Finance</b> <i>(first registration free)</i> :				
2 or more attendees (per person)	\$875	\$925	\$975	\$
<b>Associate Plus</b> <i>(first registration free)</i> :				
2 or more attendees (per person)	\$900	\$950	\$1,000	\$
<b>Basic Plus Member:</b>				
1 or 2 attendees (per person)	\$950	\$1,000	\$1,050	\$
3 or more attendees (per person)	\$900	\$950	\$1,000	\$
<b>Associate or Basic Member:</b>				
1 or 2 attendees (per person)	\$1,000	\$1,050	\$1,100	\$
3 or more attendees (per person)	\$950	\$1,000	\$1,050	\$
<b>State Affiliated Assn. Member:</b>				
1 or 2 attendees (per person)	\$1,050	\$1,100	\$1,150	\$
3 or more attendees (per person)	\$1,000	\$1,050	\$1,100	\$
<b>Exhibitor's Table + 1 Member Attendee:</b>	\$1,400	\$1,500	\$1,600	\$
Each additional exhibitor attendee	\$900	\$950	\$1,000	\$
<b>Non-Member:</b>				
1-2 attendees (per person) (non-exhibitor)	\$2,200	\$2,200	\$2,200	\$
3 or more attendees (per person)	\$1,700	\$1,700	\$1,700	\$
Exhibitor's Table + 1 attendee	\$3,800	\$3,800	\$3,800	\$
Each additional exhibitor attendee	\$1,900	\$1,900	\$1,900	\$
<b>Government Employee:</b>	\$700	\$725	\$750	\$
<b>Additional Guest Registration Fees:</b>				
<b>Monday, June 22 -</b>				
<i>Opening Reception</i>	\$125	\$125	\$125	\$
<b>Tuesday, June 23 -</b>				
<i>Reception - National Archives</i>				
<i>Guests -</i>	\$150	\$150	\$150	\$
<i>Age 12 &amp; younger -</i>	\$80	\$80	\$80	\$
<i>(Receptions are included in registration fee. Complete section only for additional guests.)</i>				
<b>TOTAL</b>				<b>\$</b>

**HOTEL INFORMATION**

For online reservation at The Ritz-Carlton Pentagon City, visit <https://bit.ly/3Q5oE58>. Or, call 800-422-2410 and reference the group name "Council for Affordable & Rural Housing." Registrants will receive a special group rate of \$325 per night for Deluxe King or Deluxe Double rooms. To receive this rate, you must make your reservation no later than **Friday, May 29, 2026**. **NOTE: If you need to cancel your hotel reservation for any reason, please first contact CARH at [carh@carh.org](mailto:carh@carh.org).**

Visit [www.CARH.org](http://www.CARH.org) to Become a Meeting Sponsor

**CANCELLATION/REFUND POLICY**

Cancellations must be made via email to [emarecheau@carh.org](mailto:emarecheau@carh.org). A \$50 cancellation fee will be deducted from refunds for cancellations received by Wednesday, June 10, 2026. A \$150 cancellation fee will be deducted from refunds for cancellations received after that date. No refunds will be provided for cancellations received after Wednesday, June 17, 2026, 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](mailto:carh@carh.org)  
703-837-9001

*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 \_\_\_\_\_