

<b>Spring Conference Registration</b> <b>W Hotel Washington DC</b> <b>March 10-12, 2010</b> <b>Washington, DC</b>		<b>WEBSITE: <a href="http://www.ahic.org">www.ahic.org</a></b> <b>AHIC TAX ID #: 74-2761790</b>
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**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**Nickname for Badge** \_\_\_\_\_ **Job Title** \_\_\_\_\_

**Organization Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone # (including area code)** \_\_\_\_\_ **Fax # (including area code)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Registration Fee** (includes continental breakfasts, reception on March 10, lunch and dinner on March 11)...\$595.00  
**Late Registration Fee** ..... \$620.00  
 Registrations and fees received after 5 p.m. (EST) on February 10, 2010 will be processed at the higher rate.  
 Both must be received prior to the deadline to avoid paying the late registration fee.

<b>Total Amount Due:</b>	\$ _____
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**Pre-Conference Education Session: "Underwriting LIHTC Today"** 1:30 pm to 3:00 pm EST Wednesday, March 10. Please note there is no additional fee for this session for member attendees but you do need to register to attend. There is a \$50 fee for anyone just attending the Pre-Conference Session and not the conference.

Yes No  
  I will attend the Pre-Conference Education Session on Wednesday, March 10.

**Please check the appropriate boxes:**

Yes No  
  I will attend the Welcome Reception on Wednesday, March 10.  
  I will attend the lunch on Thursday, March 11.  
  I will attend the dinner on Thursday, March 11.

**Affinity Dinners:**

AHIC will be offering members the opportunity to partake in affinity dinners following the Welcome Reception on Wednesday, March 10. Sign-up information available in early February.

**Method Of Payment:**

**By Check:** Please make your check payable to **AHIC** and mail it with the completed registration form to: AHIC c/o Sylvester Management, P.O.Box 986, Irmo, South Carolina 29063.

**By Credit Card:** Please give credit card information and mail as directed above or fax to (803)732-0135.

Card Type Amex MasterCard Visa Discover

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Cardholder's Billing Address (if different from above): \_\_\_\_\_

I understand that my signature authorizes my card to be charged the amount given above and that the charge will appear on my credit card bill as processed by Sylvester Management Corp.

Please direct any questions to Toni Sylvester, 1-800-732-9004 or [toni@sylvestermanagement.com](mailto:toni@sylvestermanagement.com)