

**9th Annual New York State
Supportive Housing Conference
June 9, 2009**



Name _____ Title _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

RATES:

AFFILIATION

RATES PER PERSON

**NETWORK NONPROFIT OR
AFFILIATE MEMBER**

1-9 ATTENDEES	\$175	_____
10-20 ATTENDEES	\$165	_____
20+ ATTENDEES	\$160	_____

NETWORK CORPORATE MEMBER \$200 _____

NON-MEMBER NON-PROFIT/GOVERNMENT \$250 _____

NON-MEMBER CORPORATE \$300 _____

TOTAL PAYMENT \$ _____

Credit Card Payments

To charge to a credit card, please complete the following information:

Name on Card: _____ Type: (circle one) Visa MC Amex

CC#: _____ Expiration Date: _____

Submit this form by:

FAX: 646-237-8505 or

MAIL: Supportive Housing Network of New York

247 West 37th Street, 18th Floor, New York, NY 10018

**Please make check payable to:
Supportive Housing Network of NY**

