



# Family Self-Sufficiency

## Seminar Registration Form

For more information about this class including current seminar locations and dates, please call us at **800.783.3100** email [sales@nanmckay.com](mailto:sales@nanmckay.com), or visit our online store at [nanmckay.com](http://nanmckay.com)

### Seminar Schedule

**Day One:** 8:00 A.M. Registration  
**Day Three:** 12:00 P.M. End of seminar  
 4:00 P.M. End of exam

### Registration Options

- Seminar Fee #101-036.....**\$925**
- In-class Certification Exam #100-036 .....**\$150**
- Online Certification Exam #13008-EXAM .....**\$150**

### Seminar Dates and Locations

- November 1-3 in Oakland, CA  
 Oakland Housing Authority  
 1619 Harrison Street  
 Oakland, CA 94612

Registration contact: Eyvonne McDonald  
 Phone: (800) 783-3100 x198  
 Email: [Emcdonald@nanmckay.com](mailto:Emcdonald@nanmckay.com)

### Hotel Recommendations

Oakland Marriot - City Center  
 1001 Broadway  
 Oakland, CA 94607  
 Phone: (510) 451-4000

The Washington Inn Hotel  
 495 10th Street  
 Oakland, CA 94607  
 Phone: (510) 452-1776

### Policies

By registering for and attending this training, you agree that you will not copy, share, post, or otherwise disseminate training or exam materials, including but not limited to posting on the internet, internal network, shared drive, or other publicly accessible means of access. Unauthorized distribution of NMA materials may result in the loss of your certification and/or legal action. **Hotel Recommendations:** Please note that these are only recommendations. We also recommend asking for the government rate when booking rooms at any hotel. **Cancellations:** If you are unable to attend this seminar, you may send a substitute or receive a credit toward a future seminar, to be attended within a one-year period. If you are unable to attend, you must notify NMA in writing at least 60 calendar days prior to the start date of this seminar, a cancellation fee of \$150 will be assessed. Substitutions must be in writing on company letterhead with the seminar name, location and attendee name, and received by NMA prior to the seminar start date. NMA reserves the right to cancel a seminar at any time. If a seminar is canceled by NMA, registration fees will be refunded or credited in full. NMA is not responsible for airfare, lodging or other related expenses. Please plan ahead by purchasing refundable airfare. **Retaking Exams:** Exam retake options vary; call for details. You are permitted to fail an exam three times before you are required to retake the seminar. NMA reserves the right to change any policies or pricing at any time and in its sole discretion. For more information regarding refund, complaint and program cancellation policies, please contact our offices at 800.783.3100.

### Attendance Information

Print names as you would like the name to appear on the certificate.

- Please check here if you are disabled and require a specific accommodation in order to participate in this seminar. A form will be sent to process your request.

Attendee 1 Full Name: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Attendee 2 Full Name: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Attendee 3 Full Name: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Attendee 4 Full Name: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Please include a shipping address that is not a P.O. Box. We will ship you a plaque if you purchase and pass the certification exam for this seminar.

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Payment Options

To register using a credit card or purchase order, fax a completed registration form to 619.258.5791. Make checks payable to Nan McKay & Associates, Inc. and mail the registration form(s) with your check to 1810 Gillespie Way, Suite 202, El Cajon, CA 92020. Payment must be received before registration can be confirmed. Please select one of the following payment options.

Order Total: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Check Payable to NMA Enclosed – Check #: \_\_\_\_\_

Charge my Credit Card:  VISA  Master Card  American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Authorized Signature (Please sign on the line below)

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