



# Supervision and Management

## 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: 2:00 P.M. End of seminar  
4:00 P.M. End of exam

### Registration Options

**We are able to offer a reduced price for this class because it is being hosted by a local housing authority.**

- Seminar Fee #101-060.....**\$725**
- In-class Certification Exam #100-060 .....**\$150**
- Online Certification Exam #11060-EXAM .....**\$150**

### Seminar Dates and Locations

October 18-20 in Lansing, MI  
Lansing Housing Commission  
LaRoy Froh  
2400 Reo Road  
Lansing, MI 48911

**\*Breakfast and lunch included in training.**

Registration contact: Jason Lee  
Phone: (800) 783-3100 x146  
Email: [jason@nanmckay.com](mailto:jason@nanmckay.com)

### Hotel Recommendations

Country Inn & Suites by Carlson  
6511 Centurion Drive  
Lansing, MI 48917  
Phone: (517) 827-7000

Comfort Inn & Suites Dimondale - Lansing  
9742 Woodlane Drive  
Windsor Charter Township, MI 48821  
Phone: (517) 345-6101

### Policies

**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 the seminar. If you do not notify NMA in writing, you are responsible for the entire registration fee. If you cancel less than 60 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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