

REGISTRATION FORM

Council for Affordable and Rural Housing

2026 Midyear Meeting

Monday, January 26 - Wednesday, January 28

The Cheeca Lodge & Spa • Islamorada • Florida



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 Jan 5 | After Jan5 | |
|--|----------|------------|-----------|
| Advisory Trustee <i>(first registration free)</i> : | | | |
| 2 or more attendees (per person) | \$870 | \$895 | \$ |
| Broker/Finance <i>(first registration free)</i> : | | | |
| 2 or more attendees (per person) | \$895 | \$920 | \$ |
| Associate Plus <i>(first registration free)</i> : | | | |
| 2 or more attendees (per person) | \$920 | \$945 | \$ |
| Basic Plus Member: | | | |
| 1 or 2 attendees (per person) | \$970 | \$995 | \$ |
| 3 or more attendees (per person) | \$920 | \$945 | \$ |
| Associate or Basic Member: | | | |
| 1 or 2 attendees (per person) | \$1,020 | \$1,045 | \$ |
| 3 or more attendees (per person) | \$970 | \$995 | \$ |
| State Affiliated Assn. Member: | | | |
| 1 or 2 attendees (per person) | \$1,070 | \$1,095 | \$ |
| 3 or more attendees (per person) | \$1,020 | \$1,045 | \$ |
| Exhibitor's Table + 1 Member Attendee: | \$1,475 | \$1,575 | \$ |
| Each additional exhibitor attendee | \$900 | \$925 | \$ |
| Non-Member: | | | |
| 1-2 attendees (per person) (non-exhibitor) | \$2,125 | \$2,125 | \$ |
| 3 or more attendees (per person) | \$1,625 | \$1,625 | \$ |
| Exhibitor's Table + 1 attendee | \$3,700 | \$3,700 | \$ |
| Each additional exhibitor attendee | \$1,800 | \$1,800 | \$ |
| Government Employee: | \$715 | \$740 | \$ |
| Additional Guest Registration Fees: | | | |
| Monday, January 26 - | | | |
| Opening Reception | \$125 | \$125 | \$ |
| Tuesday, January 27 - | | | |
| Networking Reception | \$125 | \$125 | \$ |
| TOTAL | | | \$ |

(Receptions are included in registration fee. Complete section only for additional guests.)

HOTEL INFORMATION

To make your online reservation at the Cheeca Lodge & Spa, visit <http://bit.ly/3L1K0m3>. Or, call **844-489-9664**, Select **Option 1** for new reservations, and provide the **Group Code "9408."** There are a limited number of discounted rooms available. Rates for all room options are available when making your reservation. Make your reservation no later than **Monday, January 5, 2026.** NOTE: If you must cancel you hotel reservation for any reason, please first contact CARH at carh@carh.org.

Visit www.CARH.org to Become a Meeting Sponsor

CANCELLATION/REFUND POLICY

Cancellations must be made via email to emarecheau@carh.org. A \$50 cancellation fee will be deducted from refunds for cancellations received by Friday, January 9, 2026. A \$125 cancellation fee will be deducted from refunds for cancellations received after that date. No refunds will be provided for cancellations received after Friday, January 16, 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 ~ 703-837-8467 (fax)
 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 _____