

LOUISIANA HOUSING COUNCIL, INC.

CHAPTER OF NAHRO

2910 Common St.
Lake Charles, LA 70601
Phone (337) 564-5694
Fax (337) 564-5703

June 29, 2017

To: Exhibitors
From: Jessica Strange, LHC Executive Secretary
RE: 2017 Fall Conference

The Louisiana Housing Council of NAHRO has scheduled its fall meeting to be held September 12 – 15, 2017, at the Sam's Town Hotel & Casino located at 315 Clyde Fant Parkway, Shreveport, LA 71101 (Telephone #: 1-877-429-0711).

Your company is invited to purchase a booth to display your products/services at this meeting. The cost of the booth will be **\$400.00**, which will also make your agency an Associate Member of LHC-NAHRO for the 10/2017 - 9/2018 year. **If you pay the full \$400 registration for the 2017 LHC Maintenance Workshop (August 8 – 10, 2017), then you will only pay \$200.00 to exhibit at the 2017 Fall Conference.** As an Associate Member of LHC-NAHRO, your company's name is listed on all newsletters, conference programs, and on the LHC Website throughout the year. You are also eligible for *two free ½ page advertisements in the quarterly newsletter, LHC Newsline.*

The booths will be available to you at 3:00 PM on Wednesday, September 13, 2017. On Wednesday at 5:00 PM, we are planning an **exhibitors' reception** with open bar. Also, on Thursday at noon, we have arranged to have an exhibitors' luncheon. We encourage all exhibitors to join us.

A cut-off date of **SEPTEMBER 1, 2017**, has been set for reserving booth spaces. In order to confirm your reservation, please complete the attached registration form and forward with your check (made payable to: Louisiana Housing Council Booth Fund) to **LOUISIANA HOUSING COUNCIL**, 2910 Common St., Lake Charles, LA 70601. **LHC also accepts most major credit cards.**

Listed below is a preliminary agenda of the exhibitor activities:

WEDNESDAY, SEPTEMBER 13, 2017

3:00 PM Exhibitor Set Up
5:00 PM – 6:30 PM Exhibitors' Reception
6:30 PM – 9:00 PM Hospitality Open

THURSDAY, SEPTEMBER 14, 2017

8:00 AM – 9:00 AM Breakfast with Exhibitors
10:15 AM – 10:45 AM Break with Exhibitors
12:00 PM – 1:30 PM Lunch with Exhibitors
3:00 PM – 3:30 PM Ice Cream Social with Exhibitors
3:30 PM Exhibitor Break Down

The hotel is offering a rate of \$75.00 plus tax for all standard guest rooms reserved under the Louisiana Housing Council room block. **The cut-off date for this special room rate is August 25, 2017.** Please refer to the LHC group code – **SH9LHC**. Reservations may be made through the Sam's Town Hotel & Casino by calling the hotel directly at (877) 429-0711.

We are excited to share an opportunity for you to participate in the LHC Scholarship Foundation program through a tax deductible donation. The Scholarship Foundation helps to fund college scholarships for Louisiana public housing tenants and children of agency staff. Since 1988, LHC has awarded \$336,500 in scholarships, including \$24,150 awarded in 2017. To participate, please make checks payable to the LHC Scholarship Foundation, and send to: 330 Marshall Street, Suite 900, Shreveport, LA 71101. Special recognition will be given in our 2017 LHC Fall Conference program for your participation.

If you should have any questions or require additional information, please contact Jessica Strange at 318-226-1411 or jessica@callhsa.com. We hope to see you in September!

Cordially yours,

Jessica Strange
LHC Executive Secretary

We accept all major credit cards:



**EXHIBITOR/PROFESSIONAL RESERVATION AND CONTRACT
LOUISIANA HOUSING COUNCIL OF NAHRO FALL MEETING
SEPTEMBER 12 – 15, 2017**

**Sam's Town Hotel & Casino
315 Clyde Fant Parkway Shreveport, LA 71101 (877) 429-0711**

My firm, as named below, wishes to exhibit/participate during the 2017 Fall Conference of the Louisiana Housing Council of NAHRO being held September 12 – 15, 2017, at the Sam's Town Hotel & Casino in Shreveport, LA

1. Exhibitor Registration (ONE REP)	<input type="checkbox"/>	\$400.00 per booth	\$ _____
2. Paid \$400.00 for Maintenance Workshop Booth	<input type="checkbox"/>	\$200.00 per booth (ONE REP)	\$ _____
3. Additional Exhibitor or Professional	<input type="checkbox"/>	\$95.00 per person	\$ _____
4. Professional – No Booth	<input type="checkbox"/>	\$200.00	\$ _____
TOTAL			\$ _____

PLEASE BE SURE TO COMPLETE THIS FORM IN ITS ENTIRETY TO AVOID DELAYS IN PROCESSING YOUR REGISTRATION. SUBMISSION OF THIS RESERVATION FORM MUST BE ACCOMPANIED BY THE FULL PAYMENT

****Make all checks payable to: **LHC BOOTH FUND******

REGISTRATION FEES ARE **NOT** REFUNDABLE IF AGREEMENT IS CANCELLED AFTER 9/5/17

*(Please complete all items on this form **as needed to contact the sales rep in lieu of the main office.** This information will be used on the LHC website (www.lanahro.org), in the LHC quarterly newsletters, and in the conference programs.)*

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE NO.: _____ **FAX NO.:** _____
EMAIL ADDRESS: _____ **WEBSITE ADDRESS:** _____
PRODUCTS AND SERVICES PROVIDED BY COMPANY: _____

NAME FOR THE BOOTH SIGN: _____
Please print & check spelling carefully

NAME OF FIRM'S REPRESENTATIVE(S) WHO WILL BE ATTENDING: *(As to appear on the Conference Identification Badge)*

1) **Name:** _____ **Title:** _____
 Will you be attending the Wednesday Evening Exhibitors Reception? Yes No
 Will you be attending the Thursday Evening Banquet? Yes No

2) **Name:** _____ **Title:** _____
 Will you be attending the Wednesday Evening Exhibitors Reception? Yes No
 Will you be attending the Thursday Evening Banquet? Yes No

3) **Name:** _____ **Title:** _____
 Will you be attending the Wednesday Evening Exhibitors Reception? Yes No
 Will you be attending the Thursday Evening Banquet? Yes No

My firm will donate the following prizes for the Prize Drawing:

1. _____ 2. _____

OUR BOOTH WILL REQUIRE ELECTRICAL POWER: Yes No

This is the _____ year our firm has exhibited at a LHC of NAHRO meeting.

Signature

Title

Date

Payment Method: Make checks payable to **Louisiana Housing Council** *A fee of 3% will be added to credit card payments.*

Check#: _____ **Credit Card#:** _____ **Amount \$** _____

Credit Card Exp. Date: _____ **3 Digit CID Code:** _____

Name as it appears on Credit Card: _____

Billing Address of Credit Card: _____ **City/St/Zip:** _____

Contact Person: _____ **Phone#:** _____

Email Address to send receipt: _____

Sam's Town Hotel & Casino
315 Clyde Fant Parkway
Shreveport, LA 71101
(877) 429-0711

