Georgia Association of Housing and Redevelopment Authorities presents



Crowne Plaza North Augusta North Augusta, SC

July 3, 2024

Dear Executive Director:

The GAHRA Human Services – Resident Support Committee is planning for the 23rd Annual GAHRA Resident Leadership Development Conference. The conference will be held **August 29- 31, 2024, at The Crowne Plaza, North Augusta, SC.** The registration cost for the conference will be \$275.00 per person. This fee includes conference materials and other conference amenities. Rooms will book up quickly, so make your reservations now!

We ask that you complete the attached Registration Form and return it along with payment by 5:00 p.m. **August 15, 2024**, so that we may finalize our plans. Registration is limited to the first 125 people.

Registrations after the deadline will not be accepted. Registrations must be postmarked by **August 15, 2024**. There will be no on-site registration.

This conference will provide leadership, development and wellness training that should excite and motivate everyone involved to return to their authorities inspired and refreshed. The cost for this conference is an eligible expense using your Resident Participation Funds.

Feel free to contact Shanicki Burton at (770) 957-4494 ext. 223, sburton@mcdonoughha.org or Alisha Brown at 770.957.4494 Ext. 221, abrown@mcdonoughha.org if you have any questions.

Sincerely,

Shanicki L. Burton, Chair Alisha Brown, Vice Chair GAHRA Human Services – Resident Support Committee

Conference Location:
Crowne Plaza North Augusta
1060 Center Street
North Augusta, SC 29871

Conference Registration Enclosed Deadline: 5:00 p.m. on August 15, 2024

The purpose of this conference is to provide opportunities for personal development in addition to enhancing leadership skills that will enable residents and housing authorities to work together to improve the quality of life for families residing in public housing.

Conference Theme:

Own YOUR Journey

Sponsored by:

GAHRA Human Services – Resident Support Committee

CONFERENCE SCHEDULE

THURSDAY, AUGUST 29, 2024

12:00 pm - 2:00 pmConference Registration 3:30 pm - 4:15 pmConference Overview

6:00 pm - 9:00 pm Augusta Greenjackets Baseball Game (*Rep Your Housing Authority by Wearing*)

your HA Attire)

Each Housing Authority is asked to provide (3) door prizes-\$10 minimum cost per prize

FRIDAY, AUGUST 30, 2024

7:45 am - 8:45 am**Breakfast** 8:45 am - 9:00 am **Opening Session** 9:10 am - 10:30 amMorning Session 10:30 am - 10:45 am Break 10:45 am - 12:00 pm Morning Session 12:00 pm - 1:00 pm Lunch/ Door Prizes 1:00 pm - 2:30 pmAfternoon Session 2:30 pm - 4:00 pmAfternoon Session 4:00 pm - 4:15 pm Afternoon Break

4:15 pm - 4:30 pm Special Session for All Attendees (Door Prizes)

6:00 pm - 9:00 pmAdult Prom

SATURDAY, AUGUST 31, 2024

7:45 am - 8:45 am**Breakfast**

9:00 am - 10:45 amClose-Out Session (Own YOUR Journey)

Door Prizes

REGISTRATION INFORMATION

INSTRUCTIONS:

- **1.** Complete (**print or type**) enclosed registration form for ALL attendees. Duplicate sheets are acceptable. (Up to 15 names can be submitted on each form).
- 2. Conference Registration is \$ 275.00 per attendee. A check for the full amount must accompany your registration form.
- 3. On-site registration will not be available.
- 4. Registration fees are non-refundable. (Substitutions may be made for residents who are registered but unable to attend.)
- 5. The deadline for registration is **August 15, 2024 at 5:00 p.m.**
- 6. Registration is limited to 125 participants. First come first served!
- 7. We have included an emergency contact sheet that must be completed by the participant and one for PHA staff. Forms must be presented before or at registration.
- 8. Send registration form(s) and check payable to: **GAHRA**

Mail to: Alisha Brown

McDonough Housing Authority

P.O. Box 23

McDonough, GA 30253

(770) 957-4494

If you have any questions concerning registration, please contact Shanicki Burton or Alisha Brown at:

Telephone Number: <u>770.957.4494</u> Fax Number: <u>770.957.1593</u>

Email: <u>sburton@mcdonoughha.org</u> abrown@mcdonoughha.org

REGISTRATION FORM PLEASE PRINT OR TYPE

Authority:	
Complete Mailing Address:	
Contact's Telephone:	Fax No.
Contact Person:	Contact's E-mail:
	FULL PAYMENT MUST ACCOMPANY THIS FORM!

*Please fully complete the below registration information.

Person(s) Attending	Position / Title	Registration Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

HOTEL RESERVATION INFORMATION

HOTEL RESERVATIONS – Rooms are available at Crowne Plaza, North Augusta, SC. Reservations for overnight accommodations will need to be made by each individual Housing Authority directly with the Hotel's Reservation Department. Please indicate that the reservation request is for the **RESIDENT SERVICES CONFERENCE: GOVERNMENT**.

RATES: THESE RATES ARE NOT TAX EXEMPT

Crowe Plaza North Augusta- Deadline to reserve room is August 6, 2024

- 1060 Center Street, North Augusta, SC 29841
- 803.349.8406
- \$149.00 nightly rate
- \$12 per car per day
- Booking Link for the Conference: Booking Link

GAHRA – **Human Services-Resident Support Committee**

PARTICIPANTS EMERGENCY CONTACT INFORMATION

Each participant must complete this form. PHA staff will bring a copy to conference for GAHRA Committee.

Name of Authority:	
Participant's Name:	
Address:	
Home Phone #	
Cell Phone # (if Applicable)	
Drug allergies? (Optional) Yes No	
List medication(s)/symptom(s)	
**************************************	*****
In Case of Emergency:	
Contact #1	
Name:Relation:	
Address:	
Home Phone #	
Work Phone #	
Cell Phone #	
**********************	*****
Contact #2	
Name:Relation:	
Address:	
Home Phone #	
Work Phone #	
Cell Phone #	
Check this box if you choose not to provide the contact information.	
Signature of Participant Date	

HOUSING AUTHORITY INFORMATION ONLY In Case of Emergency: Contact #1 Name: ______ Position: _____ Address: Home Phone # Work Phone #_____ Cell Phone #_____ Contact #2 Name: ______ Position:_____ Address: _____ Home Phone #_____ Work Phone #_____ Cell Phone #_____ **Reason for Contact:** (Check all that apply) Emergency Participant unable to speak Hospitalized Medication (Allergic to any medications) Other _____ **Signature of Resident Leadership Committee Member Date**



GAHRA RLC 2024

PROMNIGHT Celebration