

OFFLINE REGISTRATION FORM



HOUSING to
**PROTECT
CAPE COD**

2nd Annual Housing to Protect Cape Cod Summit #SAVETHELOCALS

Thursday, October 26, 2023
Cape Codder Resort • 8:30 AM - 1:30 PM

Thank you for helping us turn the tide on the housing crisis!
Please submit your completed form by **Friday, October 10.**

EMAIL TO: events@haconcapecod.org

MAIL TO: Housing Assistance Corporation
HPCC Summit
460 West Main Street, Hyannis, MA 02601



GUEST INFORMATION

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone*

Cell Email*

Work

* = Required Fields ** = Event Badge Information

EVENT REGISTRATION

General Admission: \$25 x _____ Number of Guests = \$ _____

Reserved Table of Ten (\$250 Fee) • Table Name: _____

DONATION INFORMATION

\$25 \$50 \$100

\$250 Other (enter amt) \$ _____

PAYMENT DETAILS

Check Enclosed - I am enclosing a check made payable to 'Housing Assistance Corporation'.

Invoice Request - Please issue an invoice to the address listed above.

Credit Card Payment - Please charge the following credit card:

Cardholder's Name & Billing Address, if different from above:

Visa MasterCard Discover American Express

Credit Card Number _____ Security Code _____ Exp. Date _____

OFFICE USE ONLY

Payment method and amount received

Check \$ _____

Cash \$ _____

Card \$ _____

Total \$ _____

PLEASE CONTINUE ON THE NEXT PAGE TO COMPLETE ADDITIONAL GUEST DETAILS 

GUEST CONFIRMATION FORM

GUEST 2

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell Email*

Work

GUEST 3

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell Email*

Work

GUEST 4

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell Email*

Work

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GUEST CONFIRMATION FORM

GUEST 5

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell

Email*

Work

GUEST 6

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell

Email*

Work

GUEST 7

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell

Email*

Work

* = Required Fields ** = Event Badge Information

GUEST CONFIRMATION FORM

GUEST 8

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell

Email*

Work

GUEST 9

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

Zip*

Phone

Cell

Email*

Work

GUEST 10

First Name**

Last Name**

Company/Organization/Municipal Official Title (if applicable)**

Mailing Address*

Home

Work

City*

State*

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Phone

Cell

Email*

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* = Required Fields ** = Event Badge Information