

REAC TRAINING

TRAINING BY REAC INSPECTORS

SEPTEMBER 24 – 28, 2007

Atlanta HUD has ask that the GAHRA Maintenance Committee sponsor a REAC Training session. There will be two sessions, 2 ½ days each. The first session will start at 8:00 AM on Monday, September 24th and run through Wednesday, September 26th at noon. The second session will begin at 1:00 PM on Wednesday and end on Friday, September 28th around 5:00 PM

This training will be taught on the computers using the REAC inspection software.

Space will be limited to twenty four (24) in each session. Only two persons from each authority will be permitted to register. Registration will be \$75.00 per person. The training will be held at the following location:

**Augusta Housing Authority
J. Madden Reid Building
1435 Walton Way
Augusta, Georgia 30901
(706)724-5466**

A block of room has been set aside for this training at the following hotel:

**Comfort Inn/Medical Center
1455 Walton Way
Augusta, Georgia 30901
(706) 722-2224
Rates: \$59.00**

**Account #: 2084 or just tell them you are a GAHRA Member
Tax Exempt forms will be accepted with proper checks or authority credit cards**

**Send Registration to:
GAHRA
C/O Joe Wisniewski
Augusta Housing Authority
1130 Peters Road
Augusta, Georgia 30901**

**Questions: jwisniewski@augustapha.org
mew@tds.net**

The first twenty four (24) to register will be put in the first class and the second twenty four (24) will be put in the second class. You may register up to September 14, 2007. After that date, we will not take any more registrations. If we do have enough people to register for this class, the sessions will be canceled and monies returned. We must have at least 18 people registered for each session.

The cut off date for the hotel is also September 14, 2007. The hotel is just across the street from the training site.

Lunch and Breaks will be included in this fee. Lunch on Wednesday will include both sessions, the one ending at noon and the one starting at 1:00. Breakfast and Dinner will be on your own.

Registration Form on Next Page

Registration Form

Name of Authority

Address

City

State

Zip Code

Phone Number

Fax Number

E-Mail Address

Name of Person Attending

Title

Amt Paid

**Make Checks Payable to:
GAHRA**

Mail to:

**GAHRA
Joe Wisniewski
C/O Augusta Housing Authority
1130 Peters Road
Augusta, Georgia 30901**

Date Received: _____

Check Number: _____