

# Home Visitor Educational Support Sleeping Room Application

2026 Strong Families AZ Home Visiting Conference

September 14-16, 2026 | <https://strongfamiliesaz.com/homevisitingconference>

Wild Horse Pass Hotel & Conference Center - 5040 Wild Horse Pass Blvd, Chandler, AZ 85226

**\*All information is required.**



First and Last Name		
Organization		
Job Title		
<b>Home Address</b>		
City / State / Zip Code		
Cell Phone		
Work Email		
Accommodations Request for <b>Sept. 13, 2026</b> – Single or Double Room	Yes _____ No _____	If you are attending the Conference <b>on September 14</b> and <b>reside at least 60 miles away from the hotel</b> , check this option.
Accommodations Request for <b>Sept. 14, 2026</b> – Single or Double Room	Yes _____ No _____	If you are attending the Conference <b>on September 15</b> and <b>reside at least 60 miles away from the hotel</b> , check this option.
Accommodations Request for <b>Sept. 15, 2026</b> – Single or Double Room	Yes _____ No _____	If you are attending the Conference <b>on September 16</b> and <b>reside at least 60 miles away from the hotel</b> , check this option.
Accommodations Request for <b>Sept. 16, 2026</b> – Single or Double Room	Yes _____ No _____	If you are attending the Conference <b>on September 16</b> and <b>reside at least 180 miles one-way from the hotel</b> , you may choose this option for departure on September 17. <i>A limited number of sleeping rooms will be available.</i>
<b>Optional.</b> I would like to share my accommodations with:	Sharing Person's Name: _____	
<b>Please type or write Hotel Reservation Confirmation Number here:</b>	Hotel Confirmation Number: _____	

## Instructions: FORM COMPLETION AND SUBMISSION DEADLINE: JUNE 15, 2026 – 5:00PM, AZ TIME.

1. Call 520-796-4900 for reservations at the Wild Horse Pass Hotel and Conference Center in Phoenix. Give the reservations agent the “2026 Strong Families AZ Home Visiting Conference” as your group reference name. You will need to reserve your sleeping room with a major credit card and **note the confirmation number. Please type or write the confirmation number in the space above.** Your credit card will not be charged; it will act as a guarantee of reservation which is required to complete this form. *\*No Shows or Late Cancellations will be charged to your credit card directly by the hotel.* If you wish to extend a room reservation at your own expense outside this request, the room rate is **\$165 + tax per night.** This rate is available 3 days before and 3 days after the dates of the conference, subject to availability. We recommend that you consider this when making your hotel reservation for this form.

2. How educational support works: All eligible recipients' names will be provided to the hotel and the hotel will account properly for the room and tax covered under this educational support. Recipients of educational support will be notified by **email on or before July 30, 2026.** The hotel will send confirmations of reservation directly to the email that you provide at the time of reservation. Educational support is limited to the first 200 people eligible to receive it. If we receive more than 200 applications, we will start a waiting list. If we receive cancellations, eligible applicants will be notified in the order in which their application was received. This educational support may be for one (1) night, September 13, 2026; two (2) nights, September 13 & 14, 2026; **three (3) nights, September 13, 14, & 15, 2026 in most cases; or in unique cases four (4) nights, September 13, 14, 15 & 16, 2026; room rate and tax only. The number of nights will depend upon your residential distance from the Wild Horse Pass Hotel and Conference Center. Incidental charges are the responsibility of each support recipient.**

3. By submitting this application, I affirm that the facts set forth herein are true and complete, and that I am eligible for educational support, residing at least 60 miles from the Wild Horse Pass Hotel and Conference Center in Phoenix, Arizona. I understand that if I am accepted as an educational support recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from receiving educational support.

Full Name (Printed)	
Signature	
Today's Date	



**Please complete this application, scan it and email it to [Dave.Ryder@veerconsulting.com](mailto:Dave.Ryder@veerconsulting.com) or fax it to 480-767-9250.** We will acknowledge receipt of your application by email shortly after receipt. If you do not receive notification of receipt, please send an email to verify the status. Thank you and we look forward to seeing you in September at the conference.