

Rural Rental Housing Association of Texas, Inc.

FUNDAMENTALS OF PROPERTY MANAGEMENT SEMINAR – 102

MAY 10-11, 2016

TEMPLE CHAMBER OF COMMERCE | 2 N. 5TH STREET | TEMPLE, TEXAS 76501 | 254.773.2105

SUSAN WESTON, INSTRUCTOR

SEMINAR TOPICS

- LEGAL . . . Fair Housing | Leases & Rules | Liability & Safety Issues
➤ OPERATING PLANS & PROCEDURES . . . Tenant Selection | Waiting List Policy | Pet Policy | Rent Collections
➤ OPERATING THE OFFICE . . . Resident Files | Marketing & Leasing Files | Maintenance Files
➤ HOUSING RESIDENTS . . . Market Studies | Advertising | Apartment Readiness | Applications | Move In/Move Out Process | Marketing | Leasing | Waiting List | Resident Complaints
➤ MANAGEMENT . . . People Skills | Stress | Time and Maintenance Management
➤ CUTTING COSTS . . . Electricity | Turnover Costs | Property Taxes | Billing Errors

REGISTRATION: 8:30 a.m. | SEMINAR BEGINS: 9 :00 a.m.

CALCULATOR: All participants should bring a battery operated calculator!

The cost of meals and hotel accommodations are not included in the registration fee.

HOTEL INFORMATION: Sleeping rooms are not blocked at any particular hotel; however, a list of nearby hotels are provided:

- 1) Hilton Garden Inn: 254.773.0200
2) Candlewood Suites: 254.773.8342
3) Hampton Inn: 254.770.5400
4) Holiday Inn Express & Suites – Temple: 254.773.5500

REGISTRATION FORM

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MAY 10-11, 2016

NAME: _____

PROJECT/COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

- FUNDAMENTALS OF PROPERTY MANAGEMENT \$ 195 (RRHA of Texas Members)
FUNDAMENTALS OF PROPERTY MANAGEMENT \$ 225 (RRHA of Texas Non-Members)

This course may be subject to cancellation, with full refunds, if we do not preregister a minimum of 20 course participants by Friday, April 30, 2016. Substitution of persons will be permitted. In the event of an individual's cancellation, a full refund will be made if written notification is received in the Association Office, at least one day prior to the event.

Payment Information (Please check one)

- [] BILL MY ACCT. [] CHECK [] MASTERCARD [] VISA [] AMERICAN EXPRESS

PO # (if applicable) _____ (Make checks payable to: RRHA of Texas)

Card Number _____ Exp. Date _____ Code _____

Cardholder Name (as it appears on card) _____

Cardholder Signature _____