

SHRM19

ANNUAL CONFERENCE & EXPOSITION
JUNE 23 - 26, 2019 LAS VEGAS

FAX: 703.535.6490
Credit card & government POs. *Please allow 1-2 weeks for processing.*
PHONE: 800.283.7476
option #3 (U.S.) +1.703.548.3440
option #3 (Int'l) 8 a.m.-8 p.m. ET, M-F
Credit card only.

MAIL: SHRM
P.O. Box 79482
Baltimore, MD 21279-0482
Credit card, check & government POs. *Please allow 4-6 weeks for processing.*

SPECIAL ALUMNI RATE!

PRINT CLEARLY. Use one form for each registrant.

SHRM MEMBER NUMBER _____

Name _____
LAST FIRST M.I.

Name for Badge _____

Business Phone (_____) _____

E-mail Address _____
PRINT CLEARLY

Job Title _____

Business/Company _____

Street Address _____

City _____ State/Province _____ ZIP _____

Country _____

Is this your home or business address? The address listed above will be encoded in your bar code.

Registration Prices

UNTIL 7.31.18

Member \$1,095
Join Now! \$1,294
Nonmember \$1,095

Special Alumni Rate!

ONLY \$1,095

Register by July 31, 2018

Register for the Annual Conference Only

The registration fee includes general sessions and luncheons, admission to the SHRM Exposition, concurrent sessions, one ticket to the Tuesday night show, and online access to conference presentations.

Register for Additional Conference Activities

OR

Please note that some conference activities require additional fees. Select your additional activities in the column on the left, calculate your conference price and indicate the total in the space below.

TOTAL DUE \$ _____

TOTAL DUE \$ _____

PAYMENT INFORMATION

I authorize SHRM to charge my: AMEX VISA MasterCard

Card # _____ Exp. Date _____

Signature _____

Name as it appears on credit card

Cardholder's Daytime Phone Number _____

Additional Conference Activities

Join Now! ~~\$209~~ \$199

Save \$10 off membership \$ _____

Guest Program: Our Guest Program registration includes the Sunday Opening General Session, Opening Reception and SHRM Exposition (Sunday only), a ticket to the Tuesday Night Show, and the Closing General Session on Wednesday. It does not include networking events, or access to the concurrent sessions.

Guest Name _____
LAST FIRST

No. of Guests _____ x \$510 = \$ _____

Tuesday Night Show: One ticket is included in the conference registration fee. Additional tickets are \$125.

No. of tickets _____ x \$125 = \$ _____

Cancellation Policy*

- A cancellation must be in writing and faxed to 703.535.6490 or submitted to shrm.org/cscresearch.
- Confirmed registrants may cancel and receive a full refund minus a \$250 administrative fee through December 31, 2018.
- Fifty percent (50%) of the registration fee will be refunded for cancellations received from January 1 through April 26, 2019.
- Cancellations received after April 26, 2019, are nonrefundable.
- An additional cancellation fee of \$75 will be charged for each conference add-on included in your registration.
- If a SHRM member transfers his or her registration to a nonmember, the nonmember must pay the difference of the SHRM member and nonmember price at the time of the transfer.

* Subject to change

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Please take a moment to complete the following:

No, I do not want to receive additional SHRM Annual Conference related mailings from exhibitors and sponsors.

Year Entered Profession: _____

Company Size: How many individuals are employed in your organization worldwide?

- 1-24 25-49 50-99
 100-249 250-499 500-999
 1,000-2,499 2,500-4,999 5,000-9,999
 10,000-24,999 25,000+

Job Level: Director Manager

Other _____

ACCOUNTING USE ONLY

Date _____

Amt _____

Co Chk. # _____

Pers. Chk. # _____

Chpt. Chk. # _____

Mny Order # _____

Source: ANN19ALUM

