

SHRM19

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

**PREFERRED METHOD—
ONLINE:** For immediate processing, register at annual.shrm.org

FAX: 703.535.6490
Please allow 5–7 business days for processing.

PHONE: 800.283.7476, option #3
+1.703.548.3440 (Int'l)

MAIL:
SHRM
P.O. Box 79482
Baltimore, MD
21279-0492 USA
Please allow 4–6 weeks for processing

PRINT CLEARLY. Use one form for each registrant.

SHRM MEMBER NUMBER _____
Name _____
LAST FIRST M.I.
First Name for Badge _____
Business Number (_____) _____
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.

CONFERENCE REGISTRATION

		MEMBER	NONMEMBER
Preview	8.01.18–2.01.19	\$1,490	\$1,900
Early Bird	2.02.19–4.26.19	\$1,670	\$2,085
Standard	4.27.19–6.22.19	\$1,800	\$2,220
On-site	6.23.19–6.26.19	\$1,950	\$2,370

Join SHRM now and save \$10 on your membership!
Select membership in the additional add ons section.

Register for the Annual Conference
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. \$ _____

Subtotal from above \$ _____

PROGRAM ADD ONS

Please note: You cannot select a program add on unless you are registered for the full conference. For add on titles and numbers, visit annual.shrm.org.

SHRM SEMINARS (2-DAY)

Reg Fee + \$995

Program Name _____ \$ _____

PRECONFERENCE WORKSHOPS

Buy two 1-day workshops and save \$100!

Reg Fee + \$395

Session #(s) _____ \$ _____

SHRM-CP/SHRM-SCP CERTIFICATION PREPARATION

Reg Fee + 1,245

Program Name _____ \$ _____

ADDITIONAL ADD ONS

SHRM eLEARNING LIBRARY (SEL) WITH ANNUAL CONFERENCE \$199

Get online access to sessions from the 2019 Annual Conference — as well as sessions from past meetings and conferences — at a special attendee-only price. Continue your professional development and earn additional recertification credits. \$ _____

MEMBERSHIP ~~\$299~~ \$199

Join now and save \$10 \$ _____

NON-US GLOBAL MEMBERSHIP \$95

Promo code: _____ \$ _____

TUESDAY NIGHT SHOW: One ticket is included in the conference registration fee. Additional tickets are \$125.

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

GUEST PROGRAM: Our Guest Program registration includes the Sunday Opening General Session, Opening Reception and Exposition Hall (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.

Name: First _____ Last _____

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

Subtotal from above \$ _____

CANCELLATION POLICY

FOR GENERAL ATTENDEES

A cancellation must be in writing using our online form or can be faxed to +1-703-535-6490. Confirmed registrants may cancel and receive a full refund minus a \$250 administrative fee until December 31, 2018. Fifty percent (50%) of the registration fee will be refunded for cancellations received from January 1 through April 27, 2019. Cancellations received after April 27, 2019, are nonrefundable. An additional cancellation fee of \$75 will be charged for each conference add on included in your registration. For cancellations due to Visa Denials, please email globalteam@shrm.org. If a SHRM member transfers his or her registration to a nonmember, the nonmember must do one of two things: Pay the difference of the SHRM member and nonmember price at the time of the transfer or become a SHRM member at the time of the transfer.

FOR VOLUNTEER LEADERS, STUDENT ADVISOR AND STUDENTS

A cancellation must be in writing using our online form or can be faxed to +1-703-535-6490. Confirmed registrants may cancel and receive a full refund minus a \$75 administrative fee until April 27, 2019. Cancellations received after April 27, 2019, are nonrefundable. No refunds are available for SHRM eLearning Library.

Prices are subject to change.

Total from All Sections Due \$ _____

Payment Information

I authorize SHRM to charge my: AMEX VISA MasterCard

Card # _____ Exp. Date _____

Signature _____

NAME AS IT APPEARS ON CREDIT CARD BILL

Cardholder's Daytime Phone Number _____

No, I do not want to receive additional SHRM Annual Conference related postal mailings from exhibitors and sponsors. (SHRM does not provide email addresses to exhibitors and sponsors).

ACCOUNTING USE ONLY
Date _____ Amt _____
Co Chk. # _____
Pers. Chk. # _____
Chpt. Chk. # _____
Mny Order # _____
Source: ANN19PRE

