



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
21279-0482 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	8/1/19 - 1/31/20	\$1,550	\$1,975
Early Bird	2/1/20 - 4/24/20	\$1,735	\$2,170
Standard	4/25/20 - 6/26/20	\$1,870	\$2,290
Onsite	AFTER 6/26/20	\$2,030	\$2,465

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 EDUCATIONAL PROGRAMS (2-DAY)

Reg Fee + \$995
Program Name _____ \$ _____

PRECONFERENCE WORKSHOPS

Reg Fee + \$410
Session #(s) _____ \$ _____

SHRM-CP/SHRM-SCP CERTIFICATION PREPARATION

Reg Fee + \$1,245
Program Name _____ \$ _____

SENIOR LEADERSHIP EDUCATION PROGRAM

Member Rate: Reg Fee + \$2,495
 Nonmember Rate: Reg Fee + \$2,765
Program Name _____ \$ _____

ADD ONS

SHRM On Demand WITH ANNUAL CONFERENCE \$199

Get online access to sessions from the 2020 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 ~~\$219~~ \$209
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 \$530 = \$ _____

Subtotal from above \$ _____

Total from All Sections Due \$ _____

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, 2019. Fifty percent (50%) of the registration fee will be refunded for cancellations received from January 1 through April 27, 2020. Cancellations received after April 27, 2020, 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 e-mail 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 ADVISORS 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, 2020. Cancellations received after April 27, 2020, are nonrefundable. No refunds are available for SHRM On Demand.

*Prices are subject to change.

Payment Information

I authorize SHRM to charge my: AMEX VISA MasterCard

Name _____ Phone # _____
NAME AS IT APPEARS ON CREDIT CARD BILL

Card # _____ Exp. _____

Billing Address _____ CVC# _____

_____ Billing Zip _____

Signature _____

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	Co Chk. # _____	Mny Order # _____
Date _____	Pers. Chk. # _____	Source: ANN20WEB
Amt _____	Chpt. Chk. # _____	

