

2020 Tri-State SHRM Conference Registration Form – April 26 - 28

PLEASE PRINT

Name: _____

Designation(s): SHRM-CP SHRM-SCP SPHR PHR GPHR CEBS Other _____

Company: _____

Title/Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Mobile Phone: _____

Email for Conference Communications - All conference communications will be delivered to this email. If your work email has a tendency to block or restrict emails, you may want to provide a non-work email.

Preferred Email : _____

Twitter Handle: _____

Special Dietary or Accomodation Requests: _____

Company Size: 0 - 50 51 - 250 251 - 500 501 - 999 1,000 +

Number of Years In HR: _____ Industry: _____

SELECT ONE: SHRM Member CHRO SHRM Member Student
 Non-SHRM Member CHRO SHRM Non-Member

SHRM Membership #: _____

Tri-State SHRM Conference provides an attendee list to Attendees, Sponsors and Exhibitors. Their support is vital to our ability to make this conference available to you at the lowest possible cost. I decline approval to include my name and contact information.

By attending the Tri-State SHRM Conference, I hereby acknowledge that in connection with the conference, my likeness may be photographed and/or filmed during certain portions of the event during conference related activities by Tri-State SHRM as well as conference vendor partners. I grant the afore mentioned parties the right to take, use and publish such photographs and/or film of me that may be used in advertisements, publications, and promotions in connection with the conference and conference related activities. Furthermore, I release all parties from harm and waive any and all claim to compensation in connection with any photographs and/or films in which my likeness may appear. I agree

Check the box(s) to the right to indicate your conference attendance choice and apply the appropriate cost below. Include this registration form along with your check. Your registration for the conference will be complete once we receive this form along with your check. Please contact Lori McCombs at: lori@tristateshrm.com if you have any questions.

Amount: \$ _____

Make check payable to: **Connecticut Human Resource Council**

Mail check along with this completed form to: Connecticut Human Resource Council
PO Box 7372
Berlin, CT 06037

Questions? Contact lori@tristateshrm.com

CANCELLATION POLICY

Cancellations received on or before March 1, 2020 will be assessed a \$100 cancellation fee. Cancellations received on or after March 2, 2020 will not be refunded, but substitutions will be accepted through April 26, 2020.

I'LL BE ATTENDING:

SHRM MEMBER

- Sunday..... \$50
- Monday, Tuesday..... \$700

NON-SHRM MEMBER

- Sunday..... \$50
- Monday, Tuesday\$800

CHRO SHRM MEMBER

- Sunday..... \$50
- Monday, Tuesday..... \$850

CHRO NON-SHRM MEMBER

- Sunday..... \$50
- Monday, Tuesday..... \$1,075

STUDENTS

- Sunday..... \$50
- Monday, Tuesday..... \$275

DISCOUNTS

- Super Early Bird savings (\$100)
- Early Bird savings..... (\$50)

**Check the website for conference
DISCOUNT DATES**

IMPORTANT

We MUST receive this form along with your check for your registration to be complete. Your check MUST be postmarked by the discount date deadline for the discount to be applied.