

SHRM 2016

JUNE
19-22

ANNUAL CONFERENCE
& EXPOSITION

D.C.

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AS IN THE HEARTS OF
FOR WHOM HE SAVES
THE MEMORY OF ABRAM
IS ENSHRINED



SHRM
SOCIETY FOR HUMAN
RESOURCE MANAGEMENT

SHRM 2016

JUNE 19-22

ANNUAL CONFERENCE & EXPOSITION

D.C.

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.

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	Through 01.29	\$1,320	\$1,765
Early Bird	01.30-04.08	\$1,520	\$1,965
Standard	04.09-05.27	\$1,635	\$2,085
Late	05.28 & Beyond	\$1,780	\$2,230

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

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.

\$ _____

OR

One Day Rates

	MON	TUE	WED
Member	\$700	\$700	\$650
Nonmember	\$985	\$985	\$930

Day(s) _____

Includes daytime activities and Expo Hall pass only. \$ _____

OR

SHRM Exposition Only

Included in full & one-day registrations and Preconference programs. Includes access to all three days of SHRM Exposition (Sun-Tues). \$180/day.

\$ _____

Prices are subject to change.

Cancellation Policy

Cancellation must be in writing through our online form or can be made by calling +1-703-535-6490.

Confirmed registrants may cancel and receive a full refund minus a \$30 administrative fee until September 31, 2015.

After September 31, 50% of the registration fee will be refunded for cancellations received from January 1 through April 16, 2016.

Cancellations received after April 16, 2016, are nonrefundable.

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.

Program Add Ons

Please Note: Program times may overlap with other programs, session times or conference activities. You cannot select a program add on unless you are registered for the full conference. For session titles and numbers, visit annual.shrm.org and select "Program"

SUNDAY SESSIONS

Session # _____
(code is required) \$ 0

SHRM SEMINARS (3-DAY)

Member/Nonmember Reg Fee + \$920

Program Name _____ \$ _____

SHRM-CP/SCP CERTIFICATION PREPARATION (3-DAY)

Member/Nonmember Reg Fee + \$1,130

Program Name _____ \$ _____

PRECONFERENCE WORKSHOPS

Buy two 1-day workshops and save \$100! Register for 2 workshops and and save \$100!

Member/Nonmember Reg Fee + \$380

Session # (s) _____ \$ _____

Additional Add Ons

MEMBERSHIP \$195 \$180

Join now and save \$10 \$ _____

TUESDAY NIGHT SHOW: One ticket is included in the conference registration fee. Additional tickets are \$95.

No. of additional tickets _____ x \$95 = \$ _____

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.

First _____ Last _____

No. of Guests _____ x \$345 = \$ _____

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 _____

ACCOUNTING USE ONLY		Co Chk. # _____
Date _____	Pers. Chk. # _____	Mny Order # _____
Amt _____	Chpt. Chk. # _____	Source: ANN16PRE

