

First Name		Last Name	
Company		Title	
Address		City	State
Phone		Email	
Certifications: _____		Decision making authority (choose one):	
# of Years in HR: _____		<input type="checkbox"/> Review & recommend <input type="checkbox"/> Influence decision maker	
What industry are you in? _____		<input type="checkbox"/> Make the final decision <input type="checkbox"/> Implement decisions made	
Company Size (Approximate): _____			
Dietary Considerations:			
<input type="checkbox"/> Vegan (no animal derived products)			
<input type="checkbox"/> Vegetarian (no meat products)			
<input type="checkbox"/> Gluten-Free			
<input type="checkbox"/> Other _____			


REGISTER TODAY

ONLINE registration available at HRLeadersATL.com/registration

EMAIL your registration with credit card info to info@shrmatlanta.org

MAIL your completed registration with credit card information or check made payable to **SHRM-Atlanta** to:

2849 Paces Ferry Road, SE
Overlook 1, Suite 205
Atlanta, GA 30339

 If you have special needs under the Americans with Disabilities Act, please attach a written description to this form or call 404-442-7335 ext. 104.

	Early 4/1 – 6/12/18	Advanced 6/13 – 7/17/18	Standard 7/18– 8/14/18	Late/Onsite After 8/14/18
Member	<input type="checkbox"/> \$239	<input type="checkbox"/> \$269	<input type="checkbox"/> \$299	<input type="checkbox"/> \$329
Event+ (BEST DEAL)	<input type="checkbox"/> \$379	<input type="checkbox"/> \$409	<input type="checkbox"/> \$439	<input type="checkbox"/> \$469
Non-Member	<input type="checkbox"/> \$389	<input type="checkbox"/> \$419	<input type="checkbox"/> \$449	<input type="checkbox"/> \$479
Students	<input type="checkbox"/> \$80	<input type="checkbox"/> \$110	<input type="checkbox"/> \$140	<input type="checkbox"/> \$170

PAYMENT INFORMATION

<input type="checkbox"/> Check for \$ _____ payable to SHRM-Atlanta <input type="checkbox"/> Amount to charge credit card \$ _____	<input type="checkbox"/> Personal Card OR <input type="checkbox"/> Company Card <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx <input type="checkbox"/> Visa
Billing Address _____ City _____ State _____ Zip _____	Card Number _____ Expiration Date _____ CVV Code _____
Signature _____	Name as it appears on card _____

Event+ Option

Event+ registration fee includes one-year of SHRM-Atlanta membership. This is a great option for first time members. If you are a current SHRM-Atlanta member or your membership has lapsed your membership will be renewed if you select Event+.

Substitution/Transfer/Cancellation Policy:

Can't make it? Can someone else from your office attend in your place? Substitutions are allowed; however, the non-member rate may apply. To transfer your registration please submit your request via email to info@SHRMAtlanta.org. Requests for transfers must be made by August 14, 2018.
 Cancellation Fees: Request received before June 12, 2018: \$25 cancellation fee | Request received June 13-July 17: \$50 cancellation fee | Request received July 18 - August 14: \$150 cancellation fee | Request received after August 14: No refund available

No refunds or transfer of fees will be made after the date of the event. To be eligible for a refund, all cancellation refund requests must be submitted via e-mail to info@shrmatlanta.org. Refunds will be issued within 30 days. Event+ registrations include one year of SHRM-Atlanta membership that becomes active once the registration has been processed. If you should cancel your registration the prevailing cancellation fee as well as the \$149 membership fee will not be refunded.