



2018 Conference Registration Form

First Name: _____ Last Name: _____

Designation(s): SHRM-CP SHRM-SCP SPHR PHR GPHR CEBS No Designation Other _____

Company: _____ Title/Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Mobile Phone: _____

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

Preferred Email Address: _____

Twitter Handle: _____

List Special Dietary or Accommodation Requests: _____

Company Size: 0 - 50 51 - 250 251 - 500 501 - 999 1,000 + Number of Years In HR _____

Industry: _____ T-Shirt Size: XS S M L XL 2XL 3XL

Are you a SHRM Member? Yes No Student Chapter Member? Yes No Student

Chapter Affiliation: _____

MOSHRM 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 MO SHRM State 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 the MO SHRM State Council as well as conference vendor partners. I grant the aforementioned 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

I'll be attending the:

- 3 Day Conference Only
- 3 Day Conference & Tue AM Workshop
- 3 Day Conference & Tue PM Workshop
- 3 Day Conference & Tue AM & PM Workshops
- Tue AM Workshop Only - No Conference
- Tue PM Workshop Only - No Conference
- Tue AM & PM Workshop - No Conference

See pricing at 2018.MOSHRM.org under Registration

Amount: _____ Make check payable to: MO SHRM

Mail check along with this form to:

MO SHRM Executive Director
PO Box 860271
Shawnee, KS 66286

Questions: Contact lori@mahergroupllc.com or 913 948 8623

CANCELLATION POLICY

\$50 cancellation fee prior to July 15th. After July 15th, no refunds.

Substitutions may be made with no financial penalty. To cancel, contact lori@mahergroupllc.com