

2019 Training Institutes for Workplace Investigators Chicago Area

April 29 – May 3, 2019

Q Center – A Dolce Conference Center
1405 North Fifth Avenue • St. Charles, IL 60174



Attendee Information

Please print clearly.

Full Name (as it appears on your ID) _____

Professional Title _____

Organization _____

Address _____

Address cont. _____

City _____ State/Region/Province _____ Zip _____

Country _____

Email Address _____

Telephone _____ First Time Attendee? Yes No

Do you want your name, address, company, phone, and email included in the participant list? Yes No

Dietary Restrictions Vegetarian Vegan Dairy Free Gluten Free Kosher Halal

Other (specify) _____

Accessibility Needs _____

Continuing Education Information

All participants who pass the Certificate Tests will receive an Institute Certificate. Any Continuing Education certificates you request below will be in addition to that Institute Certificate. Below please select any Continuing Education Certificate(s) you are requesting.

California Mandatory Continuing Legal Education (MCLE) Human Resource Certification Institute (HRCI)

Society for Human Resources Management (SHRM) Illinois CLE

California Bar Number _____

2019 Training Institutes Tuition*

	Member	Nonmember
Chicago Early Registration By February 1, 2019 A 15% deposit will hold your place. <i>The balance of the registration fee will automatically be charged on February 1, 2019.</i>	<input type="checkbox"/> US\$3,055	<input type="checkbox"/> US\$3,205
Chicago Regular Registration By March 25, 2019	<input type="checkbox"/> US\$3,255	<input type="checkbox"/> US\$3,405
Chicago Late Registration After March 25, 2019	<input type="checkbox"/> US\$3,455	<input type="checkbox"/> US\$3,605

Total: \$ _____

Continued on reverse

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Payment Information

Check (made payable to AWI) MasterCard Visa Discover AMEX P.O. _____

Payment Options Before February 1 Only

- Charge Full Amount
- Charge 15% deposit. The balance of will be automatically charged on 2/1/2019

Name on card _____

Credit Card Number _____

Phone _____ Exp. Date _____ Security Code _____

Billing Address _____ City _____ State _____ Zip _____

Signature _____

Credit Card Billing Address: Same as Above

Address: _____


City/State/Zip: _____

Please return completed form to:

Association of Workplace Investigators
1000 Westgate Drive, Suite 252
St. Paul, MN 55114
Ph: 1+(844) 422-2294
Fax: 1+(651) 290-2266

(For office use only)

initials		fin.
date		
CK/CC		
paid		

 Accreditation ID: 1245
ANSI/ASTM E2659-09 Certificate Issuer
Association of Workplace Investigators Certificate (AWI-CH)

Terms & Conditions

Sustaining Members do not receive any additional discount on the Institute.

Detailed information about this Institute will be sent to the email address given on this form.

Students will be required to agree to the Certificate Program rules before taking the Certificate Tests.

Registrations submitted using the "Invoice Me" payment option are subject to cancellation without prior notice due to space limitations until the check arrives and clears. We will attempt to contact the registrant before cancelling unpaid registrations.

AWI reserves the right to cancel at any time, e.g., due to insufficient number of registrants, in which case registrants will receive a full refund.

AWI reserves the right to alter or cancel without prior notice any of the arrangements relating directly or indirectly to the conference. AWI will not accept liability for any losses and/or damage attendees may suffer on account of alteration or cancellation.

Please do not email forms with credit card information. To protect your data and to comply with PCI standards, the AWI office will not accept emailed credit card information.

Registration for this event acknowledges consent to be filmed or photographed.

The cancellation policy is available online at <https://tinyurl.com/cancel-institute-2019>.