



2020 SHRM Inclusive Workplace Culture Specialty Credential

ATTENDEE REGISTRATION FORM

Virtual Online Class - Zoom Meeting Platform

*If you are not a CURRENT PIHRA Member, please register as a Nonmember/Guest.
One Form Per Person*

PIHRA Member Nonmember Registration

PIHRA ID # _____

FIRST NAME _____ LAST NAME _____

Professional Designation aPHR PHR PHRca SPHR GPHR PHRi SPHRi
 SHRM-CP SHRM-SCP

Title _____

Company/Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

**Pay by email or fax
email: programs@pihra.org // fax: 310-416-9055**

PAYMENT MUST ACCOMPANY REGISTRATION

Choose your rate type PIHRA Member \$1,655.00 Nonmember \$1,825.00
(Includes a 1-year membership with PIHRA)

Amount Paid: \$ _____

I am paying by check (made payable to PIHRA). Cash

I authorize PIHRA to charge my: Visa Mastercard AMEX Discover

Card Number _____ Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____



Cancellation Policy: Please see attached for Course Enrollment and Cancellation Policy.

PIHRA, 1515 W 190th St, Suite #530, Gardena, CA 90248, 310-416-1210, programs@pihra.org