
First Name *Last Name*

Company

Address *City* *State* *Zip*

Phone *Email*

Current Member? Yes No I'd like more information on becoming a SHRM-Atlanta member

● ITEMS TO NOTE

Dietary Considerations:

- Vegan (no animal derived products)
- Vegetarian (no meat products)
- Gluten-Free
- Other _____

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.

REGISTER TODAY

ONLINE registration available at shrmatlanta.org/calendar

CALL 404-442-7335 ext. 104 to place a credit card order

EMAIL your completed registration with credit card information 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

● EVENT REGISTRATION

Event Date	Event Name	Event Amount*
		\$
		\$
		\$
Total		

***Not sure how much the event will cost?** Visit the program description page for the event you'd like to attend, or call us to confirm pricing at 404-442-7335 ext. 104. Current SHRM-Atlanta members receive a member's only rate at all our events.

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. *Would you like to transfer an upcoming registration from one event to another?* Requests for transfers must be made by the event cancellation date, usually seven days prior to the event.

Cancellations must be made by the cancellation deadline for the specific event, usually seven days prior for most events. All cancellations are subject to a minimum \$20 administration fee. Some events may have a higher fee, please refer to the individual event page, or to your confirmation email. Cancellations/No-Shows on the date of the event forfeit the entire registration fee. No refunds or transfer of fees will be made after the date of the event.

● PAYMENT INFORMATION

- Check for \$ _____ payable to SHRM-Atlanta
- Amount to charge credit card \$ _____

- Personal Card **OR** Company Card
- Discover Mastercard AmEx Visa

Billing Address

Card Number

City *State* *Zip*

Expiration Date *CVV Code*

Signature

Name as it appears on card