

# UNLEASH THE FUTURE

## SOAHR 2020 SPONSOR REGISTRATION FORM

Please complete this form in its entirety and email it to [jchoice@shrmatlanta.org](mailto:jchoice@shrmatlanta.org)

COMPANY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

SPONSORSHIP LEVEL: \_\_\_\_\_ SPONSORSHIP PRICE: \_\_\_\_\_

A LA CARTE OPTIONS: \_\_\_\_\_ A LA CARTE PRICE: \_\_\_\_\_

ADD PRIME (\$200):  YES  NO

TOTAL COST: \_\_\_\_\_

PREFERRED PAYMENT METHOD:  CHECK  CREDIT CARD

By filling out this paper registration form, an email will be sent to the provided email address with a URL giving you access to your invoice. You can save, print and pay it via this easy link. If there is someone else you would like to receive the invoice, please provide that email address in your email submission of this form.

### PLEASE REVIEW THE SHRM-ATLANTA TERMS & CONDITIONS.

By signing and returning this form, you are agreeing to the terms & conditions.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE