



**ANNUAL
CONFERENCE
& EXPOSITION
JUNE 17 – 20
CHICAGO**

**PREFERRED METHOD—
ONLINE:** For immediate
processing, register at
annual.shrm.org

FAX: 703.535.6490
Please allow 5–7 business
days for processing.

PHONE: 800.283.7476,
option #3
+1.703.548.3440 (Int'l)

MAIL:
SHRM
P.O. Box 79482
Baltimore, MD
21279-0492 USA
Please allow 4–6 weeks
for processing

PRINT CLEARLY. Use one form for each registrant.

SHRM MEMBER NUMBER _____

Name _____
LAST FIRST M.I.

First Name for Badge _____

Business Number (_____) _____

E-mail Address _____
PRINT CLEARLY

Job Title _____

Business/Company _____

Street Address _____

City _____ State/Province _____ ZIP _____

Country _____

Is this your home or business address? The address listed above will be encoded in your bar code.

CONFERENCE REGISTRATION

		MEMBER	NONMEMBER
Early Bird	2.03–4.27	\$1,620	\$2,025
Standard	4.28–6.15	\$1,750	\$2,155
On-site	6.16–6.20	\$1,895	\$2,300

Join SHRM now and save \$10 on your membership!
Select membership in the additional add ons section.

UNTIL 04.27.18

International Delegation (5 or more) \$1,215

International Delegation Code: _____

Register for the Annual Conference Only

The registration fee includes general sessions and luncheons, admission to the SHRM Exposition, concurrent sessions, one ticket to the Tuesday night show, and online access to conference presentations. \$ _____

OR

ONE DAY RATES

		MEMBER / NONMEMBER
Sun.	6.17	\$690 / \$860
Mon.	6.18	\$810 / \$1,015
	Tue.	6.19 \$810 / \$1,015
	Wed.	6.20 \$690 / \$860

Day(s) _____

Includes daytime activities and Expo Hall pass only. \$ _____

OR

SHRM EXPOSITION ONLY

Included in full & one-day registrations. Includes access to all three days of SHRM Exposition

Sun.–Tue. \$195.00 \$ _____

Subtotal from above \$ _____

PROGRAM ADD ONS

Please note: You cannot select a program add on unless you are registered for the full conference. For add on titles and numbers, visit annual.shrm.org.

SHRM SEMINARS (2-DAY)

Reg Fee + \$995

Program Name _____ \$ _____

PRECONFERENCE WORKSHOPS

Buy two 1-day workshops and save \$100!

Reg Fee + \$395

Session #(s) _____ \$ _____

SHRM-CP/SHRM-SCP CERTIFICATION PREPARATION

Reg Fee + 1,245

Program Name _____ \$ _____

ADDITIONAL ADD ONS

SHRM eLEARNING LIBRARY (SEL) WITH ANNUAL CONFERENCE \$199

Get online access to sessions from the 2018 Annual Conference — as well as sessions from past meetings and conferences — at a special attendee-only price. Continue your professional development and earn additional recertification credits. \$ _____

MEMBERSHIP ~~\$269~~ \$199

Join now and save \$10 \$ _____

NON-US GLOBAL MEMBERSHIP \$95

Promo code: _____ \$ _____

TUESDAY NIGHT SHOW: One ticket is included in the conference registration fee. Additional tickets are \$95.

No. of additional tickets _____ x \$95 = \$ _____

GUEST PROGRAM: Our Guest Program registration includes the Sunday Opening General Session, Opening Reception and Exposition Hall (Sunday only), a ticket to the Tuesday Night Show, and the Closing General Session on Wednesday. It does not include networking events, or access to the concurrent sessions.

Name: First _____ Last _____

No. of Guests _____ x \$495 = \$ _____

Subtotal from above \$ _____

Total from All Sections Due \$ _____

Prices are subject to change.

CANCELLATION POLICY

A cancellation must be in writing and faxed to 703.535.6490 or submitted to Member Care. Confirmed registrants may cancel and receive a full refund, minus a \$250 administrative fee, through December 31, 2017 for standard conference registration fees. Fifty percent (50%) of the standard conference registration fee will be refunded for cancellations received from January 1, 2018 through April 27. Standard conference cancellations received after April 27, 2018 are non-refundable.

An additional cancellation fee of \$75 will be charged for each conference add-on included in your registration. The eLearning package is non-refundable.

If a SHRM member transfers his or her registration to a nonmember, the nonmember must do one of two things: Pay the difference of the SHRM member and nonmember price at the time of the transfer or become a SHRM member at the time of the transfer.

Payment Information

I authorize SHRM to charge my: AMEX VISA MasterCard

Card # _____ Exp. Date _____

Signature _____

NAME AS IT APPEARS ON CREDIT CARD BILL

Cardholder's Daytime Phone Number _____

ACCOUNTING USE ONLY

Date _____

Amt _____

Co Chk. # _____

Pers. Chk. # _____

Chpt. Chk. # _____

Mny Order # _____

Source: ANN18EB

