

2020 Illinois State Council of SHRM Conference Registration Form – September 13 - 15, 2020

PLEASE PRINT

Name: _____

Designation(s): SHRM-CP SHRM-SCP SPHR PHR GPHR CEBS Other _____

Company: _____

Title/Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Mobile Phone: _____

Email for Conference Communications - All conference communications will be delivered to this email. If your work email has a tendency to block or restrict emails, you may want to provide a non-work email.

Preferred Email : _____

Twitter Handle: _____

Special Dietary or Accomodation Requests: _____

Company Size: 0 - 50 51 - 250 251 - 500 501 - 999 1,000 +

Number of Years In HR: _____ Industry: _____

SHRM Member? Yes No Student Chapter Member? Yes No Student

Chapter Affiliation: _____

Illinois State Council of SHRM conference provides an attendee list to Attendees, Sponsors and Exhibitors. Their support is vital to our ability to make this conference available to you at the lowest possible cost. I decline approval to include my name and contact information.

By attending the Illinois State Council of SHRM conference, I hereby acknowledge that in connection with the conference, my likeness may be photographed and/or filmed during certain portions of the event during conference related activities by the Illinois State Council of SHRM State Council as well as conference vendor partners. I grant the afore mentioned parties the right to take, use and publish such photographs and/or film of me that may be used in advertisements, publications, and promotions in connection with the conference and conference related activities. Furthermore, I release all parties from harm and waive any and all claim to compensation in connection with any photographs and/or films in which my likeness may appear. I agree

Check the box to indicate your conference attendance choice and apply the appropriate cost below. Include this registration form along with your check. Your registration for the conference will be complete once we receive this form along with your check. Please contact Lori McCombs at: executivedirector@ilshrm.org if you have any questions.

Amount: \$ _____

Make check payable to: **Illinois State Council of SHRM**

Mail check along with this completed form to:

Lori McCombs
ILSHRM Executive Director
10801 Mastin Blvd., Ste. 740
Overland Park, KS 66210

Questions? Contact executivedirector@ilshrm.org

CANCELLATION POLICY

\$50 cancellation fee prior to September 1st. No refunds after September 1st. Substitutions may be made with no financial penalty. To cancel, contact executivedirector@ilshrm.org

CONFERENCE PRICING
Early Bird Pricing through 5/31/19

SHRM MEMBER

Monday, Tuesday.....	\$500
Early Bird Pricing	\$450*
Monday Only	\$275
Early Bird Pricing	\$247.50*
Tuesday Only	\$275
Early Bird Pricing	\$247.50*

NON-SHRM MEMBERS

Monday, Tuesday	\$600
Early Bird Pricing	\$540*
Monday Only	\$325
Early Bird Pricing	\$292.50*
Tuesday Only	\$325
Early Bird Pricing	\$292.50*

STUDENTS

Monday, Tuesday.....	\$150
Early Bird Pricing	\$135*
Monday Only	\$75
Early Bird Pricing	\$67.50*
Tuesday Only	\$75
Early Bird Pricing	\$67.50*

PRE-CONFERENCE

Sunday	\$79
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I'll be attending:

- Pre-Conference
- Monday, Tuesday
- Monday Only
- Tuesday Only