

**NHRMA 2016 Conference & Tradeshow**

**September 7-9, 2016 | Bellevue, WA**

**ONSITE REGISTRATION FORM**

**PARTICIPANT INFORMATION: Please print legibly. Complete one form per person. BOTH SIDES MUST BE COMPLETED.**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Province: \_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHICS (No need to complete if you are adding to a pre-existing registration):**

**Please select the SHRM Chapter of which you are a member:**

* AK – Anchorage SHRM
* AK – Juneau-Douglas
* AK – Mat-Su Valley
* AK – Norther Alaska
* OR – Central Oregon
* OR – Columbia Gorge
* OR – Douglas County
* OR – Klamath Basin
* OR – Lane County HR Association
* OR – Lower Columbia HRM Association
* OR – Mid-Willamette Valley
* OR – Portland HRMA
* OR – Rogue Valley
* OR – Salem
* WA – Adams and Grant HRA
* WA – Apple Valley HRA
* WA – Blue Mountain
* WA – Columbia Basin
* WA – Lake Washington HRA
* WA – Mount Baker HRA
* WA – Olympia SHRM
* WA – Seattle Chapter
* WA – Skagit Island HRMA
* WA – SMA Seattle
* WA – Snohomish County
* WA – South King County
* WA – South Puget Sound
* WA – Southwest Washington SHRM
* WA – Spokane/Inland Northwest
* WA – West Sound HRMA
* WA – Yakima Valley HRA
* Affiliated Student Chapter
* Other Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_
* I am not a SHRM Member

**SHRM Member Number (if you do not have a SHRM member number please enter 0): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select your field, industry or area of study:**

* Accommodation and Food Services
* Agriculture, Forestry, Fisheries
* Arts, Entertainment and Recreation
* Banking, Finance
* Computer Technology
* Construction
* Defense
* Education
* Government, Public Administration
* Health Care, Social Services
* Insurance
* Manufacturing
* Media, Telecommunications
* Mining
* Professional Services
* Real Estate, Rental and Leasing
* Retail Trade
* Scientific and Technical Services
* Transportation and Warehousing
* Utilities, Energy
* Waste Management, Remediation
* Wholesale Trade
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your level of HR experience?**

* Less than 1 year
* 1-2 years
* 3-4 years
* 5-7 years
* 8-10 years
* More than 10 years
* I am not an HR Professional

**Are you currently a full-time student?**

* Yes, Undergraduate Student
* Yes, Graduate Student
* No, Not a Full-Time Student

**Which HRCI/SHRM Certifications do you hold? Please select all that apply.**

* PHR®
* PHR - CA®
* SPHR®
* SPHR - CA®
* GPHR®
* HRBP℠
* HRMP℠
* SHRM – CP
* SHRM – SCP
* None of the above

**BOTH SIDES MUST BE COMPLETED**

**REGISTRATION OPTIONS:**

SHRM Member Full Conference Registration $675.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non- SHRM Member Full Conference Registration $775.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHRM Student Chapter Member – Full Conference $59.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHRM Student Chapter Faculty Advisor – Full Conference $235.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retiree – Full Conference $310.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHRM Member One Day Only (Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $450.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-SHRM Member One Day Only (Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) $525.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibit Booth Representative $140.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute $50.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of original attendee: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL ITEMS FOR PURCHASE:**

Pre-Conference Workshop (Wednesday, Sept 7) $119.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Event: Bowling (Thursday, Sept 8) $40.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Evening Event Ticket $40.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PAID = $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURCHASER INFORMATION:**

Cardholder Name (As it Appears on Card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Card: Visa MasterCard AmEx Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOTH SIDES MUST BE COMPLETED AND RETURNED TO:**

**CONFERENCE REGISTRATION & INFORMATION DESK**

**MEYDENBAUER CENTER, CENTER HALL LOBBY**

**DURING REGISTRATION HOURS BEGINNING SEPTEMBER 7, 2016**