|  |
| --- |
| Registration Form |

##

May 18th  1:00 pm – 5:00 pm

(registration begins 12:30 pm)

SKYCTC – Franklin, KY

## *Paid registration for the conference will include (3) training sessions eligible for (3) HRCI and/or SHRM credit hours.*

## Registration Details

|  |  |
| --- | --- |
| Name |  |
| Company (5 or more from same group  qualifies for discount) |  |
| Phone Number |  |
| Email Address |  |
| SHRM Membership | [ ] National [ ]  KY [ ]  Local |
| SHRM Membership Number |  |
| Certification Hours Requested (check box if yes) |[ ]

## Conference Registration

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|   | **Member** | **Non-Member** |
| **Single** | **$30** | **$50** |
| **Group rate each (5 or more)** | **$25** | **$45** |
| **Total Due** |  |  |

 |

|  |
| --- |
| **Payment Info** |
| Click on  link to pay now  |
| Check or Cash (day of event)-bring completed registration form with you |
| To mail-in registration (with check) send form to:MidSouth SHRM, P. O. Box 876, Franklin, KY 42135  |
| Make Checks payable to MidSouth SHRM |

 |
|

|  |
| --- |
| *For more information, email Judy @ fsindustry@bellsouth.net* |

|  |
| --- |
| *Accounting Use Only:* |
| *Check#:* | *Group #:* |
| *Date:* |  |
| *Amount:* |  |

 |