

# ATTENDEE INFORMATION



## 2016 Case Competition and Career Summit Registration Rates:

CAREER SUMMIT REGISTRATION RATES			CASE COMPETITION TEAM REGISTRATION RATES
<b>Early Registration Rates</b>	SHRM Member: \$49	Nonmember: \$59	\$25 per Team
<b>Late Registration Rates</b>	SHRM Member: \$59	Nonmember: \$69	

## 2016 Case Competition and Career Summit Registration Deadlines:

	<b>EAST</b> Atlanta, GA March 4-5, 2016	<b>CENTRAL</b> Omaha, NE April 1-2, 2016	<b>WEST</b> Salt Lake City, UT April 29-30, 2016
<b>Early Summit Attendee Registration Deadline</b>	2/1/2016	3/1/2016	4/4/2016
<b>Late Summit Attendee Registration Deadline</b>	2/29/2016	3/28/2016	4/25/2016
<b>Case Competition Team Registration Deadline</b>	2/10/2016	3/9/2016	4/6/2016

## Your Registration Form Can Be Submitted Via:

### Phone\*

**(8:00 a.m. – 8:00 p.m.)**  
800.283.7476, option 3

### Fax\*

**(24 hours a day)**  
+1.703.535.6490

### Credit card registrations only

\*Please allow 1 week for processing.

### Mail\*

Society for Human Resource  
Management  
Attn: Jackie Oliver  
1800 Duke Street  
Alexandria, VA 22314

### Credit card/check registrations

\*Please allow 3-4 weeks for processing.

### E-mail\*

**(24 hours a day)**  
StudentRegistration@shrm.org

### Credit card registrations only

\*Please allow 1 week for processing.

### SUMMIT ATTENDEE CANCELLATION/REFUND POLICY

- Cancellations must be in writing and faxed to +1.703.535.6490 or visit us at: <http://forms.shrm.org/forms/research-requests>
- Fifty percent (50%) of the registration fee will be refunded for cancellations received up to 4 business days before the first day of the Summit.
- Cancellations received 3 or fewer business days before the first day of the Summit are nonrefundable.

### SUMMIT ATTENDEE TRANSFER POLICY

- Transfers will be accepted online or via e-mail up until each event's late registration deadline. Day-of-competition registrations will be accepted at the registration desk.
- If a SHRM member transfers his or her Summit registration to a nonmember, the nonmember must become a SHRM member at the time of transfer.
- For transfers, contact StudentRegistration@shrm.org

### CASE COMPETITION CANCELLATION/REFUND POLICY

- Cancellations must be in writing and faxed to +1.703.535.6490 or visit us at: <http://forms.shrm.org/forms/research-requests>
- Fifty percent (50%) of the registration fee will be refunded for cancellations received up to 4 business days before the first day of the Case Competition.
- Cancellations received 3 or fewer business days before the first day of the Case Competition are nonrefundable.

### CASE COMPETITION TRANSFER POLICY

- Transfers will be accepted online or via e-mail up until each event's Case Competition team registration deadline. No exceptions.
- If a SHRM member transfers his or her Case Competition registration to a nonmember, the nonmember must become a SHRM member at the time of transfer.
- For transfers, contact StudentRegistration@shrm.org

# REGISTRATION FORM



## Individual Summit Attendee Registration

I plan to attend the (check one):  East Event  Central Event  West Event

I am registering as a (check one):  Student  Chapter Advisor/Faculty Member

FULL NAME (PRINT CLEARLY)	FIRST NAME FOR BADGE	SHRM MEMBER NUMBER	
ADDRESS	<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> SCHOOL
CITY/STATE	ZIP CODE		
E-MAIL	<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> SCHOOL
PHONE	<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> SCHOOL

## Case Competition Team Registration

**Team Information (This Section to Be Completed by Team Captain Only)**

UNIVERSITY NAME (PRINT CLEARLY)

We plan to compete in the (check one):  East Event  Central Event  West Event

We are a (check one):  Division I Team  Division II Team (See the Case Competition website—Team & Individual Eligibility Requirements for more information.)

Please provide the following information about your team:

TEAM MEMBER FULL NAME	E-MAIL (Required)	SHRM ID (Required)
1. (*)		
2.		
3.		
4.		
5.		
6.		

(\*) Team captain designation

## Payment Information Check Enclosed Cash Credit Card

NAME	SHRM ID
BILLING MAILING ADDRESS OF CREDIT CARD	
CITY/STATE	ZIP CODE
E-MAIL	PHONE
<input type="checkbox"/> I authorize SHRM to charge \$ _____ to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
CARD NUMBER	EXPIRATION DATE
CARDHOLDER SIGNATURE	
PRINT NAME AS IT APPEARS ON CREDIT CARD BILL	CARDHOLDER'S DAYTIME PHONE NUMBER



**REGISTRATION QUESTIONS?** Contact SHRM Member Care at 800.283.7476, option 3, or [StudentRegistration@shrm.org](mailto:StudentRegistration@shrm.org).  
**CASE COMPETITION QUESTIONS?** Contact [CaseCompetition@shrm.org](mailto:CaseCompetition@shrm.org).