

# ATTENDEE INFORMATION



## 2017 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	

## 2017 Case Competition and Career Summit Registration Deadlines:

	<b>CENTRAL</b> Houston, TX March 10-11, 2017	<b>WEST</b> Tigard, OR (greater Portland-metro area) March 31-April 1, 2017	<b>EAST</b> Philadelphia, PA April 21-22, 2017
<b>Early Summit Attendee Registration Deadline</b>	2/8/2017	3/1/2017	3/22/2017
<b>Late Summit Attendee Registration Deadline</b>	3/6/2017	3/27/2017	4/17/2017
<b>Case Competition Team Registration Deadline</b>	2/15/2017	3/8/2017	3/29/2017

## 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 Required for students, advisors and faculty members.

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 Required for competing student teams only. Not an individual summit 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

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

I authorize SHRM to charge \$ \_\_\_\_\_ to my:  Visa  MasterCard  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).