

ATTENDEE INFORMATION



2017 Case Competition and Career Summit Registration Rates:

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

2017 Case Competition and Career Summit Registration Deadlines:

	CENTRAL Houston, TX March 10-11, 2017	WEST Tigard, OR (greater Portland-metro area) March 31-April 1, 2017	EAST Philadelphia, PA April 21-22, 2017
Early Summit Attendee Registration Deadline	2/8/2017	3/1/2017	3/22/2017
Late Summit Attendee Registration Deadline	3/6/2017	3/27/2017	4/17/2017
Case Competition Team Registration Deadline	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.
CASE COMPETITION QUESTIONS? Contact CaseCompetition@shrm.org.