|  |
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| 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:* |  | | |