

# 2019 Illinois State Council of SHRM Conference Registration Form – September 22 - 24, 2019

PLEASE PRINT

Name: \_\_\_\_\_

Designation(s):  SHRM-CP  SHRM-SCP  SPHR  PHR  GPHR  CEBS  Other \_\_\_\_\_

Company: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email for Conference Communications - All conference communications will be delivered to this email. If your work email has a tendency to block or restrict emails, you may want to provide a non-work email.

Preferred Email : \_\_\_\_\_

Twitter Handle: \_\_\_\_\_

Special Dietary or Accomodation Requests: \_\_\_\_\_

Company Size:  0 - 50  51 - 250  251 - 500  501 - 999  1,000 +

Number of Years In HR: \_\_\_\_\_ Industry: \_\_\_\_\_

SHRM Member?  Yes  No  Student Chapter Member?  Yes  No  Student

Chapter Affiliation: \_\_\_\_\_

Illinois State Council of SHRM conference provides an attendee list to Attendees, Sponsors and Exhibitors. Their support is vital to our ability to make this conference available to you at the lowest possible cost.  I decline approval to include my name and contact information.

By attending the Illinois State Council of SHRM conference, I hereby acknowledge that in connection with the conference, my likeness may be photographed and/or filmed during certain portions of the event during conference related activities by the Illinois State Council of SHRM State Council as well as conference vendor partners. I grant the afore mentioned parties the right to take, use and publish such photographs and/or film of me that may be used in advertisements, publications, and promotions in connection with the conference and conference related activities. Furthermore, I release all parties from harm and waive any and all claim to compensation in connection with any photographs and/or films in which my likeness may appear.  I agree

Check the box to indicate your conference attendance choice and apply the appropriate cost below. Include this registration form along with your check. Your registration for the conference will be complete once we receive this form along with your check. Please contact Lori McCombs at: [executivedirector@ilshrm.org](mailto:executivedirector@ilshrm.org) if you have any questions.

Amount: \$ \_\_\_\_\_

Make check payable to: **Illinois State Council of SHRM**

Mail check along with this completed form to:

Lori McCombs  
ILSHRM Executive Director  
10801 Mastin Blvd., Ste. 740  
Overland Park, KS 66210

Questions? Contact [executivedirector@ilshrm.org](mailto:executivedirector@ilshrm.org)

**CANCELLATION POLICY**

\$50 cancellation fee prior to September 1st. No refunds after September 1st. Substitutions may be made with no financial penalty. To cancel, contact [executivedirector@ilshrm.org](mailto:executivedirector@ilshrm.org)

**CONFERENCE PRICING**  
*Early Bird Pricing through 4/30/19*

**SHRM MEMBER**

Monday, Tuesday.....	\$500
Early Bird Pricing .....	\$450*
Monday Only .....	\$275
Early Bird Pricing .....	\$247.50*
Tuesday Only .....	\$275
Early Bird Pricing .....	\$247.50*

**NON-SHRM MEMBERS**

Monday, Tuesday .....	\$600
Early Bird Pricing .....	\$540*
Monday Only .....	\$325
Early Bird Pricing .....	\$292.50*
Tuesday Only .....	\$325
Early Bird Pricing .....	\$292.50*

**STUDENTS**

Monday, Tuesday.....	\$150
Early Bird Pricing .....	\$135*
Monday Only .....	\$75
Early Bird Pricing .....	\$67.50*
Tuesday Only .....	\$75
Early Bird Pricing .....	\$67.50*

**PRE-CONFERENCE**

Sunday .....	\$79
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**I'll be attending:**

- Pre-Conference
- Monday, Tuesday
- Monday Only
- Tuesday Only

