|  |  |  |
| --- | --- | --- |
| Name: | Designation: | Title: |
| Company: | | |
| Address: | Suite #: | |
| City | State: | Zip: |
| Phone: | Fax: | |
| E-Mail: | | |

Monthly Meeting Registration Rates

PLEASE PRINT CLEARLY. USE ONE FORM FOR EACH REGISTRANT.

DallasHR Member $225

Non-member $325

PAYMENT INFORMATION

Check Cash

I authorize DallasHR to charge $ to my: VISA MASTERCARD AMERICAN EXPRESS

Card #: Exp. Date: Amount:

Signature: Date:

Name as it appears on card: