|  |  |  |
| --- | --- | --- |
| 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: