|  |
| --- |
| Six Essential Conversations  |
| Friday, May 27, 2016 |
| 12:00 PM – 1:00 PM |
| Webinar |
|  |
|  |

PLEASE PRINT CLEARLY. USE ONE FORM FOR EACH REGISTRANT.

|  |  |  |
| --- | --- | --- |
| NAME | TITLE | DESIGNATION |
| COMPANY |
| ADDRESS (incl. suite) | CITY, STATE | ZIP |
| PHONE | EMAIL |

Registration Rates

Instructions for accessing the webinar will be sent to you by email once your registration has been processed.

|  |  |  |
| --- | --- | --- |
|  | DallasHR member | $15 |
|  | Non-member | $25 |

PAYMENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
|  | Check (# \_\_\_\_\_\_\_\_\_\_) |  | Cash |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Visa |  | Mastercard |  | American Express |

I authorize DallasHR to charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my:

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_