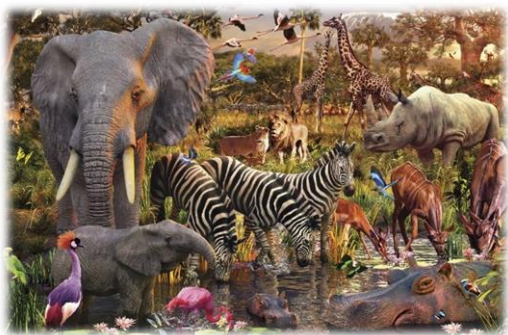


"Wild About HR"



FPHRA 79th Annual Pre-Conference Pre-Conference Registration Form

Fort Lauderdale Hilton Marina Hotel
1881 Southeast 17 Street
Fort Lauderdale, FL 33318

August 1 – August 2, 2015

Please view Pre-Conference and Resort information on the
FPHRA website at www.fphra.org

Reservations: 1-888-554-2131
Mention: FPHRA Conference

Book hotel by 4/30/15 and receive complimentary internet access and \$10.00 off the regular \$139/night room rate.

Please print clearly in block letters or type: (Complete a separate form for each registrant.)

Full Name:	Last	First	MI
Title:	Preferred name (for badge):		
Employer:			
Address:			
City:	State:	Zip:	
Telephone:	Fax:	e-mail:	

Select one of the following tracks:

Foundation of Public HR Extended In-Depth Sessions and/or Masters Program Sessions

Each track is 12 hours: 8:00 am to 5:00 pm on Saturday, 8/1 and 8:00 am to 12 noon on Sunday, 8/2.

Pre-Conference Registration Fees

Full Pre-Conference Registration (Includes all pre-conference and social activities)

		Check or Credit Card	
Member	(Paid on or prior to July 2, 2015)	\$100.00	\$ _____
	(Paid after July 2, 2015)	\$115.00	\$ _____
Non-Member	(Paid on or prior to July 2, 2015)	\$150.00	\$ _____
	(Paid after July 2, 2015)	\$165.00	\$ _____

Total \$ _____

Special dietary restrictions/special accommodations or needs: Please attach instructions.

Cancellation Policy: Full refund will be made provided that written notice is postmarked no later than July 2, 2015. No refunds after that date.

"Wild About HR"



NAME OF REGISTRANT: _____

PRE-CONFERENCE PAYMENT INFORMATION

Check Payment

Please make checks payable to: FPHRA - (Tax ID#592808589)

Please mail completed Conference Registration Form and check to:

FPHRA
401 East Las Olas Blvd, #130-452
Fort Lauderdale, Florida 33301

Credit Card Payment

Please scan and e-mail or fax the completed Pre-Conference Registration form and this Payment Information form to treasurer@fphra.org.

MasterCard **Visa**
(American Express and Discover Cards are not accepted)

Please print or type: _____

Name as appears on credit card bill:

Billing Address:

City:

State:

Zip:

Daytime Telephone:

e-mail:

Card #:

Security Code:

Exp. Date:

Signature:

If you have questions or need assistance, please contact: treasurer@fphra.org. Fax 888-758-6286.

Cancellation Policy: Full refund will be made provided that written notice is postmarked no later than July 2, 2015. Requests for refunds after that date shall be subject to a \$50.00 cancellation fee. Substitution is permitted.