



## SHRM Sister Chapter Group Registration Form

Chapter Name & State: \_\_\_\_\_

	Name of Attendee:	Email Address:
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I hereby certify that each name listed above is a current member in good standing.

\_\_\_\_\_  
Chapter Officer - Signature

\_\_\_\_\_  
Printed Name / Office Held

**Instructions:** Complete & sign form; scan completed form to [shrm@pilink.com](mailto:shrm@pilink.com). Forms must be received by October 4, 2019 to receive 20% discount. SHRM national members not affiliated with a SHRM chapter are not eligible for discount. Each attendee is responsible for payment of registration cost.