

GENERAL REGISTRATION FORM

- Please fill out one registration form per registrant.
- DO NOT use this form for Symposium registrations.

Name: _____
First Initial Last

Title: _____

Organization: _____

Preferred Mailing Address: _____

City _____ Province _____ Postal Code _____

This mailing address is for : Work Home

Telephone _____ Fax _____

E-mail address _____

This information is used for registration purposes only and will be provided to the speaker of the event or workshop for which you are registering. Please contact registration@bchrma.org if you have any questions regarding the use of this information. BC HRMA does not distribute its contact list to any third parties.

<input type="checkbox"/> Member	Registration Fee	\$ _____
<input type="checkbox"/> Non-Member	Less Gift Certificate	- \$ _____
<input type="checkbox"/> Student Member	Total	\$ _____
<input type="checkbox"/> Other _____		
Event Code # _____ Date of Session/Event: _____		
Title of Session/Event: _____		
Special Needs: Specify _____		

Payment Information: Visa AMEX MasterCard Cheque # _____ /Money Order Enclosed

TOTAL CHARGES \$ _____ including GST (Reg #1199446714)

I agree to have the above Total Charges applied to my credit card. In the event that my credit card is declined for any reason, I understand that I will be charged an additional processing fee of \$30.00.

Card #: _____ Expiry Date: _____

Name as it appears on card: _____ Signature: _____

****** If your company is paying for this session by credit card and it is GST exempt, you must attach a GST exempt status form, which can be downloaded from our website or requested from our offices.******

Registrations are **NOT** accepted on the day of an event or workshop. Prepayment is required in order to reserve a seat. Please do not submit registration forms without payment as they will not be processed. A \$30 administration fee will be applied to NSF Cheques and declined credit cards. **Workshop Cancellation Policy:** A full refund less a \$25 administration fee will be issued for cancellations received in writing at least one week prior to the workshop. Refunds are not issued for cancellations received less than one week prior to the workshop. Attendee substitutions are permitted up to the day of the workshop; member/non-member rates will be applied to the substitute.

Please fax this form to our Vancouver Office at **604-684-3225**.

**BC Human Resources
Management Association
1101 – 1111 W Hastings St
Vancouver, BC V6E 2J3**