

**SHRM
Spring 2007
Registration Form**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment: Cash _____ Check _____ Money Order _____ Credit Card _____

Credit Card #: _____

Exp. Date: _____

Cardholder's Name: _____

Cardholder's Address: _____

Additional Information:

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Continuing Education
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