

6979 Kingspointe Parkway, Suite 11 Orlando, FL 32819

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Registration Form

SMA's HR Management Workshop

Event Date: **November 9-10, 2017** (Thursday 8:30 AM – 5 PM | Friday 8:30 AM - 3:00 PM) Event Location: **Orlando, FL (SMA Offices: 6979 Kingspointe Pkwy Ste.11, Orlando, FL 32819)**

Company Name:						
Name of Attendees:						
Total Number of Atte	ndees:					
Email Address of Att	endees:					
Title of Attendees:						
Use additional copies if needed.						
ee chart for pricin	g information:		T	1 1		
		1st attendee	2nd attendee	3 rd + attendee		
	Non-client	\$799	\$599	\$349		
	Inner Circle/Client	\$599	\$399	\$249		
	more of my attendees or of binders needed _					
Total payment \$						
Check [Please attach copy and mail]			Credit Card — Visa MC AMEX [Please circle one and complete below]			
Number:			Exp. Date:			
Name on Cre	edit Card:		Card Security Code:			
redit Card Billing Info	rmation and Address					
Company Name:			Phone #:			
Contact Pers	son:		Email:			
Address:						

^{*} We cut off registration at the first 10 attendees/session to keep the training personal.