

# NAHRO Professional Development Registration Form

**Registrations Information:** Registrations received without payment will not be processed. Please print or type your name as it should appear on the certificate. Please make sure the form is completely filled out. Missing information may cause a delay in your registration. Before making hotel or airline reservations, please call NAHRO at 1-877-866-2476 or visit our Web site at [www.nahro.org](http://www.nahro.org) to ensure space. Register up to 30 days before the seminar and pay the early price: after that you pay the regular price. If you register less than five working days before the seminar start date, you will pay the last minute price.

**Cancellation Information:** If your cancellation is received at least 20 business days prior to the start of the course, NAHRO will credit the full tuition amount toward another seminar/exam, which you must attend/take within one year of your cancellation to avoid forfeiting your tuition, or provide you with a full refund (at your option). In the event that you cancel without at least 20 business days notice and do not wish to have your tuition credited towards another seminar/exam (under the terms specified above), a \$75 cancellation fee will be retained from your tuition refund to cover administration costs.

Attendee Information	Mr./Ms./Mrs. _____		
	Title _____		
	Member Number _____		
	Organization _____		
	Address _____		
	City _____	State _____	Zip + Postal Code _____
	Telephone _____	Ext. _____	Fax _____
	E-mail Address _____		

**Special Services**

Please check here if you require special services. Please attach a written description of you needs.

Additional Attendees	Take advantage of our register 3 and the 4 <sup>th</sup> goes free program. Register three individuals from the same organization, for the <b>same seminar</b> at the same time, and the 4th registrant attends for free. (Does not apply to the PHM, SHM, or SPHM exams.)	
	Attendee 2 Name _____	Attendee 4 (Free) Name _____
	Title _____	Title _____
	Email Address _____	Email Address _____
	Attendee 3 Name _____	The Seminar all four will attend is: _____
	Title _____	_____
	Email Address _____	_____

Course	<b>1</b> Seminar/Exam Name _____ Seminar/Exam Date _____ Seminar/Exam Location _____ Seminar/Exam Fee _____	<b>2</b> Seminar/Exam Name _____ Seminar/Exam Date _____ Seminar/Exam Location _____ Seminar/Exam Fee _____

Payment Information	Charge \$ _____ to: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
	Card # _____ Exp. Date _____
	Authorized Signature _____
	<input type="checkbox"/> Check in the amount of \$ _____ is enclosed.
	<i>(Make check payable to NAHRO. Credit card registrations will not be accepted by phone, only by fax or mail.)</i>
	<b>Send in Form and Payment -- Registrations must be paid in advance.</b>
	<b>By Fax:</b> 202-289-8181 (24 hours a day) <b>E-mail:</b> professionaldevelopment @nahro.org <b>By Mail:</b> Return registration form with payment to: <b>Questions?</b> Call toll-free 1-877-866-2476. NAHRO PO Box 90487, Washington, DC 20090