

# Pay by Check Registration Form This form must be mailed with the check payment

Select appropriate bo  ☐ ASHRM member ☐		er	ASHRM Membership/ID Number		
Attendee Name			Designation(s)		
Title			Organization		
Title			Organization		
Address		City	State Zip		
Phone			Attendee Email		
Registrant Name (If differen	ent from attend	dee)			
Registrant Email			Registrant Phone		
Registration Options					
HRM Module 1: Essentials in Health Care Risk Management, July 29-30			HRM Module 2: Applications in Health Care Risk Management, July 31-Aug. 1		
Please select applicat	ole pricing		Please select applicable pricing		
ASHRM member	<i>Before 6/28</i> □ \$635	<i>After 6/28</i> □ \$735	<b>Before 6/28 After 6/28</b> ASHRM member □ \$635 □ \$735		
Nonmember	□ \$799	□ \$899	Nonmember □ \$799 □ \$899		
HRM Module 3: Advanced Forum in Health Care		in Health Care	CPHRM Exam Prep Course, Aug. 7-8		
Risk Management, Aug. 5-6			Please select applicable pricing		
Please select applicab	ole pricing <b>Before 6/28</b>	After 6/28	<b>Before 6/28 After 6/28</b> ASHRM member □ \$635 □ \$735		
ASHRM member Nonmember	□ \$635 □ \$799	□ \$735 □ \$899	Nonmember □ \$799 □ \$899		
	and you wil ership is ye	arly and includes m	ole for the discounted member rate for ASHRM Express najor discounts on all ASHRM webinars, products and  Join ASHRM □ \$169		
Make check payable to: ASHRM Express	<b>Mail to:</b> ASHRM E P.O. Box Chicago,	•	Total amount due \$  □ Select box if you require special assistance when you are at ASHRM Academy.		



# **ASHRM Express Policies**

## **Payment Information**

Registrations will not be validated until your payment is received by ASHRM. If a payment by check is not received by the start of the program, attendees will be required to provide payment by credit card in order to participate in the program.

Mail:

Mail check payable to ASHRM Express

ASHRM Express P.O. Box 75315 Chicago, IL 60675-5315

Pay Online: Visit ASHRM.org/express

# **Cancellation Policy**

All cancellation and refund requests must be made in writing to ASHRM@aha.org. All refunds will be provided in the original form of payment after the event concludes. Registration fees, less a \$100 cancellation fee, are refundable if written notice is received by email prior to **July 10, 2019**, at 4 p.m. CT. Payment to join or renew ASHRM membership is nonrefundable and nontransferable.

#### **Substitutions**

Registrants unable to attend may send an alternate. If the alternate is not a member of ASHRM and the original registrant is a member, the nonmember differential must be paid. The deadline for substitutions is **July 10, 2019**.

### **Special Accommodations**

If you require special accommodations, please contact ASHRM in advance at ASHRM@aha.org.

#### More Information

Phone: (312) 422-3980 Email: ASHRM@aha.org

Web: ASHRM.org