



Webinar Registration Form

Date _____

(please print)

Note: All fees must be paid in advance. Check payments should be mailed along with this form at least 10 business days prior to the date of the webinar. This will allow adequate time for processing and serve as the confirmation to the attendee.

Purchased by

ASHRM Membership Number _____ (required to receive member pricing)

First Name	Last Name	Designation(s)	
Title		Organization	
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Billing Information

Purchase Order Number _____

Check # _____ Personal Organizational

Event Title	Date	Quantity	ASHRM Member	Non-Member	Total

Fax the completed webinar registration form to Grecelda Buchanan, (312) 278-0505 or mail form along with check to: ASHRM Education, P.O. Box 75315, Chicago, IL 60675-5315. See next page for important program information.



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Webinar Registration Information

Payment Information

Mail: Mail this registration form, with a check payable to ASHRM, to: **ASHRM Education, P.O. Box 75315, Chicago, IL 60675-5315.**

Online: Visit www.ashrm.org/education. All online registrations require pre-payment by credit card.

Cancellation Policy

Registration fees, minus a 50 percent cancellation fee, are refundable only if written notice is postmarked no later than 10 business days before each session date. All cancellation and refund requests must be made in writing to: ASHRM, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606; fax (312) 422-4580.

Substitutions

Registrants unable to participate may send an alternate. *If the alternate is not a member of ASHRM and the original registrant is a member, the non-member differential must be paid.*