



REGISTRATION FORM

Complete this form and e-mail to kmarrone@hrconnection.net
Or print it and mail to *hr connection*, 2925 Dean Parkway – Suite 300, Minneapolis, MN 55416
Or FAX it to (612) 925-8344

Name:

Title:

Number of years in HR

Organization:

Address:

Address:

City, State, and ZIP Code:

Phone:

FAX:

E-Mail:

Briefly describe your current role:

SEMINAR INFORMATION

Title(s):

Dates:

hr connection member? Yes No

Fee:

Payment method

Enclosed is a check for _____ made payable to *hr connection*

Please invoice me. You will receive a confirmation/invoice via e-mail.

Charge to Credit Card Visa Mastercard American Express

Number _____, exp. date _____

If paying by credit card please MAIL or FAX your registration. Do NOT send credit card information via e-mail.

Call Ann Costello-Junge at (612) 925-8355 with questions