**REGISTRATION**



**HR Answers, Inc.**

**7650 SW Beveland St, Suite 130, Tigard OR 97223**

**Or Register on our website** [hranswers.com/events](http://hranswers.com/events)

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| **TOPIC(s) AND COST** | | | **DATE AND TIME** | **HOW MANY ATTENDING** | |
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| **NAME(S) OF PARTICIPANTS** | **TITLE** | **EMAIL ADDRESS** | | | **PHONE NUMBER** |
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| **ORGANIZATION INFORMATION** | | | | | | |
| Organization Name: |  | | | | | |
| Mailing Address: |  | | | | | |
| City: |  | State: |  | | Zip Code: |  |
| Phone Number: |  | Fax Number: | |  | | |

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| **BILLING INFORMATION** *(Please make checks payable to HR Answers)* | | | | | | | | | | |
| Total Amount Due: | $ | | | Advantage Plan Client: | | | | | | |
| Form of Payment: | My Check is Enclosed  Visa  MasterCard  American Express | | | | | | | | | |
| Account Number: |  | | | Exp Date: |  | | | Card Sec. Code: | |  |
| Name on Card: |  | | | Email Address: | |  | | | | |
| Billing Address:  Same as Mailing |  | City: |  | | State: | |  | | Zip Code: |  |

Submit this form with payment to:

HR Answers – 7650 SW Beveland St, Ste 130, Tigard, OR 97223

or Fax (503) 352-5582 or via E-mail to: info@hranswers.com

* Payment and registration ***must*** be received ***one week*** before the scheduled program date.
* Cancellations also ***must*** be received ***one week*** before the program date in order to receive a full refund.
* **We do not give refunds for “no-shows.”**
* If you do not receive confirmation of your registration or a reminder notice before the session,   
  your registration has not been received.