



Wiregrass Human Resources Management Association
19th Annual Forum and Exhibitor Fair
Wednesday, November 14, 2018
Location: Alabama College of Osteopathic Medicine (ACOM)
445 Health Sciences Blvd., Dothan, AL 36303

PARTICIPANT REGISTRATION FORM / INVOICE

To participate, return your registration form by noon, November 9, 2018.

NAME:	
COMPANY NAME:	
ADDRESS:	
TELEPHONE:	
EMAIL:	

By Mail: To WHRMA at PO Box 10397, Dothan, AL 36304

By Email: Scan this form and send as attachment to:
 traceyw@lbaproperties.com

PAYMENT METHOD:

- Check Enclosed: Payable to WHRMA
- Credit Card: ___ Amex ___ Discover ___ MasterCard ___ Visa

Name on Card: _____

Card Number: _____ Exp. Date: _____

(Credit Card payments may also be called in to Tracey Whiddon at 334-793-6855, Ext. 250)

INDICATE AMOUNT PAID:

- \$119 Non-SHRM or Non-Chapter Member
- \$105 SHRM or OTHER Chapter Member (Chapter Name: _____)
- \$95 WHRMA Member
- \$60 University/College Student (School Name: _____)