

**Please print, complete, and send this form with your payment to:**

**TVC-SHRM**

**P.O. Box 1271**

**Decatur, AL 35602-1271**

**Please make check payable to:**

**TVC-SHRM**

**Members - $59.00 Non-Members - $69.00 Students - $25.00**

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| **Event Name:** | **2013 TVC-SHRM FALL WORKSHOP** |
| **Date:** | **SEPTEMBER 18, 2013** |
| **Location of Event:** | **CALHOUN COMMUNITY COLLEGE ROBOTICS CENTER**  **6505 US HWY 31 Tanner, AL 35671** |
| **Registration Fee:** |  |
| **Participant’s Name:** |  |
| **Participant’s Email Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **Participant’s Organization:** |  |
| **Participant’s Organization’s**  **Mailing Address:** |  |
|  |  |

**Cancellation Policy: Participants are entitled to a full refund if notification is received in writing seven (7) days prior to the start of the event. Participants are not entitled to a refund if notification is received less than seven (7) days prior to the start of the event. Substitutions may be made.**

**Please email Cathy Shallal at** [**shallalc@gmail.com**](mailto:shallalc@gmail.com) **if you have questions regarding the workshop.**

**DEADLINE FOR REGISTRATION: SEPTEMBER 04, 2013**