

Registration

NAME(S) AND TITLE(S) OF ATTENDEE(S)

COMPANY NAME

PRIMARY CONTACT

PHONE

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

E-MAIL

Method of Payment

Check Visa Mastercard American Express

My check is enclosed in the amount of \$_____ (Please make your check payable to Fisher & Phillips LLP)

Please bill my credit card in the amount of \$_____

NAME AS IT APPEARS ON CREDIT CARD

ACCOUNT NUMBER

EXPIRATION DATE

3 OR 4 DIGIT SECURITY CODE

AUTHORIZED SIGNATURE

BILLING ADDRESS

CITY

STATE

ZIP CODE

Please enclose payment and mail this registration form to:
Fisher Phillips, Attention: Kacey Brown
500 North Akard Street, Suite 3550
Dallas, TX 75201
Phone: (214) 220-9100 • Fax: (214) 220-9122 • email: kbrown@fisherphillips.com

[Register online at fisherphillips.com](http://fisherphillips.com)

Space is limited, so please RSVP to Kacey Brown at (214) 220-9100 or kbrown@fisherphillips.com.

This program has been submitted to the HR Certification Institute and SHRM for review.

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