

22nd Annual Human Performance/Root Cause/Trending Conference

Conference- June 14-16, 2016

Pre-Conference Workshop(s) June 13, 2016

Cheyenne Mountain Resort; Colorado Springs, Colorado

MA	ANUAL RE	GISTRATIC	DN FORM	
I. Information about you (Please type of	r print clearly) -		
First name	Last name			
Name as you would like it on your nametag				
Title	Compan	У		
Address State/Prov City State/Prov Day time phone number			~	
City State/Prov	Zip/Postal	code	_ Country	
Day time phone number	E	-mail		<u> </u>
I have the following special dietary needs				
II. Registration Fees- HPRCT Conference	e June 14-16, 2	015		
Submitted on or before May 23, 2016				
*Register 3 or more same organization- eac	:h □ \$799 US □	(Conference S	peaker \$599 US)	Total \$
Submitted on or after May 24, 2016				
*Register 3 or more same organization-each	n 🗆 \$899 US			Total \$
Single day registration for	(day)	□ \$350 US		Total \$
*You are required to attach a	additional form	s if registering r	nara than ana nar	son
Tou are required to attach a		s if registering i	nore than one per	5011
I plan to attend with my: Spouse Spouse an	d Children □ Cł	nildren's ages:		
(Spousal Meal Packa		C C		······
	•	0	i with notel)	
Spouse Name				
Children's Names				_
Conference Registration			Total	\$
III. Monday, June 13, Pre-Conference I	Professional D	evelopment W	orkshops	
Check course(s) that you wish to attend (Chec	k HPRCT.org	for workshop des	criptions to	
be posted once finalized)		1	1	
All Day Session (\$400):				
(+)				
One-Half Day Session (\$250 each):				
(Please note- you can only sign up for on	e-8 hour session	n or one or both	4- hour sessions.)	
Professional Development Workshops Tota	al			\$
	-			т
IV. Total payment due (Registration plus Pre-conference courses)				¢
				Φ
Payment Options				
Payment must be received by published due date to receive before June 03, 2016 in order to receive a refund. After J				
Pay online at <u>HPRCT.org</u> by Credit Card.				
For payment by check: Make checks payable	to HPRCT			
□ Check enclosed OR Credit card: □	Visa 🗆 Maste	rCard	ican Express 🛛 D	viscover
Card number			ľ	
Name on card				
Billing Address: Street City State/Prov Expiration date		_		
City State/Prov	Zip/Postal co	de C	ountry	
Expiration date	Thre	e digit Security c	code	
Please Return Registration with payment to				
Mary Webb-HPRCT 5760 Newport S	South Rd., Newr	ort, MI 48166		
Accommodations: Obtaining accomm	odations is the	responsibility of	conference attend	lees.
A block of rooms have been reserved at the C		4		lanada Van mari
make reservations via the link available or by	calling the num	ber provided on t	he HPRCT.org we	bsite (special rates
are available for +/- 3 days around the conference of \$179/night. There is also a	calling the num ence). Hotel rese	ber provided on t rvations must be	he HPRCT.org we made by May 23,	bsite (special rates 2016 to receive

nightly rate is \$199 plus applicable taxes and fees.

Visit <u>HPRCT.org</u> to learn more about the Conference