Human Resource Executive
20th Annual
HR Technology® Conference & Exposition

CONFERENCE:
OCTOBER 10 - 13, 2017
EXPO: OCTOBER 10 - 12
THE VENETIAN® LAS VEGAS

REGISTRATION FORM
LRP Cancellation Policy in Effect

2 EASY WAYS TO REGISTER

Fax 561-622-2423
the completed form including payment information

Mail LRP Publications
360 Hiatt Drive, Dept. 150F
Palm Beach Gardens, FL 33418

Step 1: Attendee information (Please print or type.)

FULL NAME:	
TITLE:	
ORGANIZATION:	
FIRST NAME OR NICKNAME TO APPEAR ON BADGE:	
STREET ADDRESS:	
CITY:	STATE: ZIP:
PHONE: ( )	FAX: ( )
EMAIL:	

Your email is used for transactional emails pertaining to your registration, to provide you with important information and updates regarding the conference such as access to session materials, carefully selected third-party offers and promotional conference-related emails. You can opt-out of receiving our emails by using the opt-out link located within a received e-mail message.

❏ **SPECIAL NEEDS:** Check here to be contacted about arrangements

Step 2: How did you hear about HR Tech? _____

If you received a brochure in the mail, please enter the source code from the back cover here: _____

Step 3: Select registration type.

Premium Pass (includes Expo admission)

❏ $1595 Super Saver (by 7/31/17)
❏ $1695 Early Bird (8/1 - 9/7/17)
❏ $1945 Standard (9/8 - 10/9/17)
❏ $ _____ with Promo Code _____

Expo Only

❏ $395 (by 10/9/17)

Solicitation on the Expo floor by non-exhibiting companies and individuals is strictly prohibited and will result in immediate expulsion. Show Management reserves the right to decline admission to the Expo at its own discretion.

Step 4: Payment information

Payment must accompany registration. Registration will be confirmed upon receipt of payment.

CHARGE MY CREDIT CARD: ❏ VISA ❏ MASTERCARD ❏ AMEX ❏ DISCOVER	
CARD #:	EXP. DATE:
SECURITY CODE: (**3-digit** code on back of Visa, MasterCard, Discover or **4-digit** code on front of AmEx)	
NAME: (as it appears on card)	
CREDIT CARD BILLING ADDRESS: (if different from address above)	STREET:
CITY:	STATE: ZIP:
CARDHOLDER'S PHONE: ( )	CARDHOLDER'S SIGNATURE:
EMAIL:	

❏ CHECK OR MONEY ORDER PAYABLE TO LRP PUBLICATIONS.

Step 5: Professional information

What is your primary job responsibility?
(Check all that apply.)
O Benefits/Compensation
O Business Development/Sales
O Executive Management
O Financial/Legal
O General HR
O HR Consulting
O HRMS/HRIS
O IT
O Learning and Development
O Payroll/Timekeeping
O Recruiting/Staffing
O Talent Management
O Other

Which title best fits your position?
(Check only one please.)
O CEO/President/Chairman
O CFO/COO
O CHRO
O CIO/CTO
O CLO
O Partner/Principal
O VP/SVP/EVP HR
O VP/SVP/EVP IT
O VP/SVP/EVP
O Director HR
O Director IT
O Manager HR
O Manager IT
O HR Specialist/Generalist
O Industry Analyst/Advisor
O Consultant
O Other

Size of your organization:
O Under 250
O 250 - 499
O 500 - 999
O 1,000 - 1,999
O 2,000 - 4,999
O 5,000 - 9,999
O 10,000 - 24,999
O 25,000+

Your purchasing role:
O Final Approval
O Recommend
O No Role

How soon are you actively looking to purchase new technology solutions?
O 1 - 3 months
O 4 - 6 months
O 7 - 12 months
O 1 - 2 years
O 2 - 3 years
O 3+ years
O Advising others
O Not currently looking

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