

Attendee Registration Form

ATTENDEE REGISTRATION INFORMATION:

The 2017 Attendee Registration Fee is **\$150.00**, Payable by check or credit card. We accept Visa, American Express, MasterCard and Discover.

REGISTRATION DEADLINE IS MARCH 31, 2017. Registrations will be accepted after the deadline at the cost of \$175.00 per person. Early registration is encouraged.

For registration and payment please submit completed form via email:

Deven.Taylor@industrialprojectsreport.com

To pay by check before March 31, 2017, please mail completed form & payment to:

Industrial Projects Services, Inc.

P.O. Box 274231

Tampa, Florida 33688

On Memo line please indicate: "HRCC 2017"

To provide credit card information to us over the phone please call Deven Taylor: 1-800-849-4821

CANCELLATION POLICY: DUE TO EVENT PLANNING FEES, NO REFUNDS WILL BE PROVIDED.

Don't Forget to Make Your Airline Reservations Early for the Best Rates!

2017 HRCC HOTEL ACCOMMODATIONS:

HOTEL: Grand Hyatt Denver

1750 Welton Street

Denver, Colorado, USA, 80202

Hotel Telephone: 1-888-421-1442

(Reference HRCC)

RATE: \$199.00

HOTEL CUT-OFF DATE: 05-03-2017

Be Sure to mention 2017 HRCC (HR Construction Council) to receive the group rate!

REGISTRATION WEBSITE:

Go to the HRCCouncil.org home page, select the 'Hotel' link; book your hotel reservation via this link and it will automatically apply the group discount.

Registrants are responsible for making their own hotel reservations! Room blocks are limited and accommodations at group rates cannot be guaranteed after the cut-off date. Reserve EARLY and state that you are attending the HRCC Meeting. After cut-off date, the hotel will only accept reservations at the hotel rate on a space available basis.

REGISTRATION FORM

COMPANY NAME: _____

TYPE OF BUSINESS: _____ YRS IN INDUSTRY: _____

NAME: _____ TITLE: _____

ADDRESS: _____

CITY, STATE and ZIP: _____

MAIN PHONE: _____ EMAIL ADDRESS: _____

CARD #: _____ BILLING ZIPCODE: _____

PAYMENT TYPE: CHECK: CREDIT CARD: NAME ON CARD: _____

VISA M/C AMEX DISCVR 3 or 4 # CSC CODE: _____ EXP. DATE: _____ BILLING ZIP CODE: _____