

NONPROFIT

April 7-8, 2019

CHRO RETREAT

Event Registration Form

Billing Details for Attendee

Rates:

\$595 thru March 15 \$695 March 16

First name*	Last name*
Country*	
Street address*	City, State, Zip code*
Phone*	Email address*
Job title*	Annual budget*
Organization size*	Are you the senior-most person in charge of talent management for your organization? *

C-suite Guest attendees from same organization:

Note: Guest attendees must complete separate form if using different method of payment. All guests must be C-suite-level employees.

Pay to the order of:

Please mail form with check made payable to Nonprofit

Mail checks to:

Nonprofit HR 1400 Eye Street NW, #500 Washington, DC 20005