

_____ YES, I am registering for the CNHRMA meeting
"Managing Workplace Violence...
Create a Respectful Workplace"

_____ Member \$45.00

_____ Non-Member \$40.00

_____ We have five (5) or more attendees from our company.
(\$30/attendee)

*Please note: these attendees pay \$30 per person,
whether or not they are a CNHRMA member!

Name _____

Title _____

Organization _____

Address _____

Phone _____

Email _____

If you are not a CNHRMA member, would you like more
information on joining our chapter? _____ Yes _____ No

REGISTRATION DEADLINE: Thursday, August 14th

Please mail registration form along with payment to:

CNHRMA
PO Box 932
Grand Island, NE 68802