



**SEPA SHRM's
MONTHLY CHAPTER MEETING
SPONSOR REGISTRATION FORM**



Contact Vikki Dycus at 484-643-0393 or sepa-administrator@sepashrm.org to confirm date availability.

Company Name: _____ Type of Business: _____
(Exactly as you would like to appear in meeting materials)

Street Address: _____ City: _____

State: _____ Zip: _____ Contact Person: _____

Phone: _____ Fax: _____ E-Mail: _____

Attendees - Sponsors receive admission for 2 representatives

Attendee #1: _____ Attendee #2: _____

Title: _____ Title: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

E-Mail: _____ E-Mail: _____

Month you would like to sponsor, please list a 1st and 2nd preference: _____

Sponsor table display will consist of: _____

Sponsor table display will require electricity *(please circle)*: **yes** **no**

I plan to conduct a Drawing at my display table *(please circle)*: **yes** **no**

I plan to distribute promotional materials *(please circle)*: **yes** **no**

If you plan to advertise anything other than your services please indicate below (i.e. seminar, event, etc.):

Please make checks payable to SEPA SHRM and send payment with this form
no later than the 1st of the month you will be sponsoring to:

SEPA SHRM
c/o Vikki Dycus
307 Clearfield Drive
Lincoln University, PA 19352

Liability: Neither SEPA SHRM, Ramada, nor its agents or representatives, will be responsible for any injury, loss or damage that may occur to the sponsor or to the sponsor's employees or property or to the sponsor's invitees or licensees (visitors to the sponsor's exhibit) from any cause whatsoever. Under no circumstances will SEPA SHRM, Ramada or its agents or representatives be liable for lost profits or other incidental or consequential damages.

Your signature verifies agreement to the terms and conditions set forth and the above information is accurate and complete.

Sponsor Authorized Representative *(please print)*: _____

Sponsor Signature: _____ Date: _____

Direct questions to Vikki Dycus at 484-643-0390 or sepa-administrator@sepashrm.org.

INTERNAL USE:

Date Received:

Payment Received: