

Registration Form:

Contact Information

First Name:	Last Name:	
Title:		
Organization:		
Mailing Address:		
City:	Province:	Postal Code:
Daytime Phone:	Mobile:	
Email:		

* I authorize my name and email address to be included in the conference program that will be distributed to delegates.

_____Yes _____No

Select a conference rate:

	2015	2015
	Early Bird - Until March	Regular Rates
	1st	
Full Conference Rate	\$550.00	\$595.00
(3 Days)		
Pre-Conference Day	\$295.00	\$350.00
April 14 th only		
Group Rate (Full Conference	\$450.00	\$500.00
Only		
5 or more paid registrations		
Student Rate	\$150.00	\$200.00
With valid ID		



Workshop Selections

Concurrent Sessions: Please select one workshop from each session below. In the event that workshop is full, please identify your alternate choice.

Wednesday April 15, 2015 - Concurrent Sessions "A" Sessions 10:15 AM – 11:15 AM

- A1 Choose the Best Training Program for Your Community: Six Steps to Guide Your Decision Making Process
- A2 Performance Management (Intermediate)
- A3 10 Secrets to Successful Benefits Plan (Main)

Wednesday April 15, 2015 - Concurrent Sessions "B" 1:30 PM - 2:30 PM

- B1 Connecting Aboriginals to Industry: A Blueprint for Action
- B2 Shifting Complacency and Sense of Entitlement to Engagement and Productivity (Intermediate)
- **B3** How to Craft a Personal Financial Plan (Intermediate)

Thursday April 16, 2015 – Concurrent Session "C" 10:30 AM – 11:30 AM

- C1 Look Before You Leap: A Practical Guide to Getting Started with eLearning (Main)
- C2 Disability (Main or Intermediate)
- C3 "Don't Get Board, Know Your Role" (Seasoned)

Thursday April 16, 2015 – Concurrent Sessions "D" 1:30 PM – 2:30 PM

- D1 Successful Fundamental: Building Relationships Between Communities and Companies for Meaningful Employment (Intermediate)
- D2 Employment from Both Sides (Intermediate)
- D3 HR for Non HR Managers

M - Main Stream - 0-2 years of experience in the industry

I - Intermediate - 2 - 5 years' experience in the industry



S - Seasoned - 5 + years' experience in the industry

Dietary/Special Needs

If you have any food restrictions or food allergies, please specify below:

If you have any physical restrictions, please specify below:

<u>Payment</u>			
Visa	Mastercard	Cheque	
Credit Card Number:			
Expiry Date:			
Name on Card:			
Credit card charges will	appear on your state	ment as Planners Plus Inc.	

Please forward your request and payment to:

Planners Plus Inc. c/o CAHRMA Conference 106-475 Provencher Blvd. Winnipeg, Mb. R2J 4A7 Telephone: (204) 255-7006 Fax: (204) 255-2523 Email: tamara@plannersplus.ca