



BV-SHRM Business Seminar
Thursday, September 4, 2025, 8:00 a.m. – 5:30 p.m.
Registration Form



If this form is for more than one attendee, please list the additional attendee information on the second page.

Name: _____ E-mail: _____
(First) (Last)

Organization: _____ Telephone: _____

Program Fees (check all that apply):

Regular Program Registration (no partial day registrations) **\$250.00** _____

Early Bird Special (all non-student attendees eligible) (\$50.00 discount) _____
Registration with payment must be postmarked on or before August 8, 2025 to qualify for this discount

Active BV-SHRM / TX-SHRM* Member Special (\$50.00 discount) _____
You must be a member in good standing to qualify for this discount
*Name of Texas SHRM chapter: _____

TAMU-SHRM or TAMU-ASHRD Student Registration **\$75.00*** _____
Only full-time TAMU students and active TAMU-SHRM or TAMU-ASHRD members qualify for this rate
*No additional discounts apply to the student registration because of the already discounted rate.

Total program fee included with registration: _____

Price includes light breakfast, lunch, and happy hour drink tickets.

*Discount ex: If you are a BV-SHRM or other TX-SHRM member, and register **on or before August 8, 2025**, your fee will be \$150.00*

BUSINESS SEMINAR LOCATION:

Legends Event Center 2533 Midtown Pk Blvd, Bryan, TX 77801 979-703-5905

CANCELLATIONS & REFUNDS

Registration fees will be refunded, less a \$25.00 administration fee, if cancellation is received in writing on or before August 22, 2025. After that date, registration fees are non-refundable. All refunds will be processed after the seminar. Registration is transferable upon notice to BV-SHRM. If you register and do not attend, you are still responsible for payment unless you cancel in writing on or before August 22, 2025.

PAYMENT METHOD

Please remit payment by check or money order in **U.S. funds** payable to **Brazos Valley - Society for Human Resource Management**. There will be a \$25.00 fee charged on checks returned by the bank for any reason.

(Please check appropriate box) _____ Check _____ Money Order _____ Credit Card*

* CC# _____ *CC Expiration Month _____ Year _____

*CVV (3 or 4 digit/code on back of card) _____ *Mailing zip code _____

PLEASE MAIL COMPLETED REGISTRATION FORM WITH YOUR PAYMENT TO:

Brazos Valley - Society for Human Resource Management, 2025 Business Seminar, P.O. Box 3442, Bryan, TX 77805-3442

FOR INFORMATION ABOUT THE 2025 BUSINESS SEMINAR CONTACT:

Liz Galvan, BV-SHRM Business Seminar Committee Chair, at brazosvalleyshrm@gmail.com.

**BV-SHRM Business Seminar
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Additional Attendees

Name: _____ E-mail: _____
(First) (Last)

Organization: _____ Telephone: _____

Name: _____ E-mail: _____
(First) (Last)

Organization: _____ Telephone: _____

Name: _____ E-mail: _____
(First) (Last)

Organization: _____ Telephone: _____

Name: _____ E-mail: _____
(First) (Last)

Organization: _____ Telephone: _____

Name: _____ E-mail: _____
(First) (Last)

Organization: _____ Telephone: _____