



HUMAN RESOURCES DEPARTMENT
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR
Director of Human Resources

MEMORANDUM

To: Judge Robert Hebert
Commissioner Richard Morrison
Commissioner Grady Prestage
Commissioner Andy Meyers
Commissioner James Patterson

From: Kent Edwards,
Director of Human Resources

Subject: HR Agenda Items for July 28, 2015 Commissioners Court

Date: July 20, 2015

The following information is a summary of the HR Agenda Items for the July 28, 2015 Commissioners Court.

Consent Agenda Items – Human Resources – Kent Edwards to Washington, D.C. from June 18, 2016-June 24, 2016 to attend the 2016 Society for Human Resource Management Annual Conference and Exposition. (Human Resources, Travel)

Human Resources approves of the proposed item.

Should you have any questions, please do not hesitate to contact me 281/ 341-8631.

KE/kd

Washington

D.C.

SHRM 2016

June 19-22

Special onsite rate!

ONLINE: For immediate processing, register at annual.shrm.org

FAX: 703.535.6490
Please allow 5-7 business days for processing.

PHONE: 800.283.7476, option #3

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SHRM
P.O. Box 79482
Baltimore, MD 21279-0492
USA
Please allow 4-6 weeks for processing



PRINT CLEARLY. Use one form for each registrant.

SHRM MEMBER NUMBER _____

Name _____
LAST FIRST M.I.

Name for Badge _____

Business Number (_____) _____

E-mail Address _____
PRINT CLEARLY

Job Title _____

Business/Company _____

Street Address _____

City _____ State/Province _____ ZIP _____

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Is this your home or business address? The address listed above will be encoded in your bar code.

ADDITIONAL CONFERENCE ACTIVITIES

ON DEMAND: Get all the sessions online for 180 days at special attendee-only pricing of \$149. \$ _____

JOIN NOW! ~~\$180~~ \$180 \$ _____
Save \$10 off membership

Guest Program: Our Guest Program registration includes the Sunday Opening General Session, Opening Reception and Exposition Hall (Sunday only), a ticket to the Tuesday Night Show, and the Closing General Session on Wednesday. It does not include networking events, or access to the concurrent sessions.

First _____ Last _____
No. of Guests _____ x \$335 = \$ _____

TUESDAY NIGHT SHOW: One ticket is included in the conference registration fee. Additional tickets are \$95.

No. of additional tickets _____ x \$95 = \$ _____

Cancellation Policy*

- A cancellation must be in writing and faxed to 703.535.6490 or submitted to shrm.org/cscresearch.
- Confirmed registrants may cancel and receive a full refund minus a \$250 administrative fee through December 31, 2015.
- Fifty percent (50%) of the registration fee will be refunded for cancellations received from January 1 through April 16, 2016.
- Cancellations received after April 16, 2016, are nonrefundable.
- An additional cancellation fee of \$75 will be charged for each conference add on included in your registration.
- If a SHRM member transfers his or her registration to a nonmember, the nonmember must pay the difference of the SHRM member and nonmember price at the time of the transfer.

Please note: On Demand purchases are non-refundable.

* Subject to change

Please take a Moment to complete the following:

No, I do not want to receive additional SHRM Annual Conference related mailings from exhibitors and sponsors.

Year Entered Profession: _____

Company Size: How many individuals are employed in your organization worldwide? 1-24 25-49 50-99 100-249 250-499 500-999 1,000-2,499 2,500-2,499 5,000-9,999 10,000-24,000 25,000+

Job Level: Director Manager Other _____

Registration Prices

	UNTIL 7.31.15
Member	\$995
Join Now!	\$1,175
Nonmember	\$995

Special Onsite Rate!

ONLY \$995
Register by July 31, 2015

Register for the Annual Conference Only

The registration fee includes general sessions and luncheons, admission to the SHRM Exposition, concurrent sessions, one ticket to the Tuesday night show, and online access to conference presentations.

Register for Additional Conference Activities

Please note that some conference activities require additional fees. Select your additional activities in the column on the left, calculate your conference price and indicate the total in the space below.

OR

TOTAL DUE \$ _____

TOTAL DUE \$ _____

Payment Information

I authorize SHRM to charge my: AMEX VISA MasterCard

Card # _____ Exp. Date _____

Signature _____

NAME AS IT APPEARS ON CREDIT CARD BILL

Cardholder's Daytime Phone Number _____

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