



# 2019 REGISTRATION FORM

Mental Health in the Workplace

October 23, 2019 • Altoona, Iowa  
The Meadows Events & Conference Center

## REGISTRATION

Early Bird Fee **\$249** per attendee  
(Expires 9/13/19)

Registration Fee **\$279** per attendee

### COMPANY INFORMATION

ALL fields must be filled out COMPLETELY in order for this registration to be processed.

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

#### Type of Organization

- Public     Private     Government     Non-Profit Sector

#### Size of Organization

- Less than 3     3 to 49 employees     50 to 99 employees  
 100 to 499 employees     500 or more employees

#### How did you hear about the conference?

- IEC Website     Association (Which one) \_\_\_\_\_     Newspaper (Which one) \_\_\_\_\_  
 IEC Emails     Social Media (Which one) \_\_\_\_\_     Other \_\_\_\_\_

### THREE EASY WAYS TO REGISTER

Online: [www.iowaemploymentconference.com](http://www.iowaemploymentconference.com)

Send completed forms by:

Email: [conference@iowaemploymentconference.com](mailto:conference@iowaemploymentconference.com)

**Mail form and payment to:**  
Iowa Employment Conference  
PO Box 52  
Polk City, IA 50226

#### For information, contact us at:

Email: [conference@iowaemploymentconference.com](mailto:conference@iowaemploymentconference.com)  
Phone: (515) 331-9020

### PAYMENT INFORMATION

- Check Enclosed**  
Make checks payable to: **Iowa Employment Conference**  
Mail completed registration form with payment to:  
Iowa Employment Conference  
PO Box 52, Polk City, IA 50226  
*If registering for early-bird rates and paying by check, your check must be postmarked by 9/13/2019.*

- Invoice** (Please see Registration Terms & Cancellation Policy)  
Please email completed registration forms to:  
Email: [conference@iowaemploymentconference.com](mailto:conference@iowaemploymentconference.com)

**Billing Email** \_\_\_\_\_  
(Invoices will be emailed to this email address.)

#### Payment Policy

Payment must be received in full prior to the conference date. We reserve the right to refuse admission to the conference, if payment has not been received.

#### Registration Terms & Cancellation Policy

Once we have received this registration form, you will be responsible to pay the conference registration fee based on the Registration Terms & Cancellation Policy.

**The cancellation deadline is September 13, 2019.** Cancellations must be made in writing by September 13, 2019, to receive a refund, minus a \$100 cancellation fee. **Registrations who do not cancel prior to September 13, 2019, will be liable for the full registration fee.** Non-payment or non-attendance does not constitute cancellation. No refunds will be processed prior to the event.

**Transfer of Registration:** If you register and are unable to attend, you may substitute another person in your place for both days only. One day substitutions are not allowed. You must provide the individual's contact information prior to the conference date. This information must be provided for the individual to attend.

**Special Meal Request:** Please note that we can accommodate only medically necessary and vegetarian special diets. Please email requests to Nan Boland at [nan@hirequalitysolutions.com](mailto:nan@hirequalitysolutions.com) or call 515-331-9020.

**Accommodation:** If you have a disability and need an accommodation in order to attend this conference, please contact us as soon as possible. Contact Nan Boland at [nan@hirequalitysolutions.com](mailto:nan@hirequalitysolutions.com) or call 515-331-9020.

### REGISTRATION / ORDER SUMMARY

Registration Fee \$ \_\_\_\_\_

Number of Attendees x \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

*In the event that the total amount due is miscalculated on this form, IEC reserves the right to audit or adjust any total charges due.*

**ATTENDEE INFORMATION** (Please type or print names as they should appear on name badges.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company (If different from above.) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Check all credentials that apply to you. Please indicate the type of certificate you currently hold.**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> HRCI (i.e. PHR) _____ | <input type="checkbox"/> Legal _____     | <input type="checkbox"/> CPE _____ |
| <input type="checkbox"/> SHRM _____            | <input type="checkbox"/> Insurance _____ |                                    |
| <input type="checkbox"/> RCH _____             | <input type="checkbox"/> IMFOA _____     |                                    |

Name \_\_\_\_\_ Title \_\_\_\_\_

Company (If different from above.) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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| <input type="checkbox"/> RCH _____             | <input type="checkbox"/> IMFOA _____     |                                    |

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| <input type="checkbox"/> RCH _____             | <input type="checkbox"/> IMFOA _____     |                                    |

**HOTEL**

For hotel information, please visit our website at <http://www.iowaemploymentconference.com/Hotel/>.

**Office Use Only**

Received \_\_\_\_\_ Entered \_\_\_\_\_ Invoice # \_\_\_\_\_ Paid \_\_\_\_\_ Check \_\_\_\_\_