Southeast Compensation and Benefits Survey



Cost and Commitment Form

| *Non Participants purchasing survey results Non-SHRM National Members** **Non Participants purchasing survey results | | | \$1250 |
|--|--------------------|----------|---------------|
| | | | \$2500 |
| | | | \$1500 |
| | | | \$3000 |
| Company Name | | | |
| Primary Contact(s) | | | |
| Address | | | |
| City | State | Zip Code | |
| Phone | Fax | | |
| Email | | | |
| Total Participant Cost \$ | Method of Payment: | ☐ Check | ☐ Credit Card |
| ☐ Please invoice me in the amount of \$ | | | |
| Credit Card Number | Expiration Date | | |
| Cardholder's Name as it appears on card | | | |
| Cardholder's Billing Address | | | |
| City | State | Zip Code | |