



**Human Resources
Construction Council** **2023**
Tampa, Florida
Organized by
Industrial Projects Report

33rd Annual
Human Resources Construction Council Meeting
November 7th-9th, 2023
Tampa, Florida

The 2023 Attendee Registration Form
Fee is: \$275.00

Payable by check or credit card.
We accept Visa, American Express,
MasterCard and Discover.

REGISTRATION DEADLINE IS 9/29/2023
Registrations will be accepted after the deadline at
the cost of \$325.00 per person.
Early registration is encouraged.

Welcome Reception
Tuesday, November 7th 2023 at 6:00 PM Sponsored
By Tradesmen International

Conference Meetings
All day Wednesday and Thursday,
November 7-9, 2023 with conference
closure at 4 PM Thursday, November 9th 2023.

For registration and payment please submit
completed form via email:
info@hrccouncil.org

Please mail completed form & payment to: Industrial
Projects Services, Inc.
P.O. Box 274231
Tampa, Florida 33688
On Memo line please indicate: "HRCC 2023"

To provide credit card information to us over the
phone please call Deven Taylor: 813-265-3240

You will receive your receipt from
info@hrccouncil.org Please contact her if you do not
receive the necessary paperwork.

**CANCELLATION POLICY: DUE TO EVENT
PLANNING FEES, NO REFUNDS WILL BE
PROVIDED.**

*Don't Forget to Make Your Airline Reservations
Early for the Best Rates!*

HOTEL: Hyatt Place/Hyatt House®
Tampa Downtown

325 North Florida Avenue
Tampa Florida 33602

RATES Starting @ \$179.00

Visit the HRCC website for Hotel Information.

Please be sure to provide your updated photo
for the Who's Who to info@hrccouncil.org

The information you provide in the registration
form will be used for the Who's Who.



THIS INFORMATION WILL ALSO BE USED IN THE WHO'S WHO SECTION AND
FOR BADGE PRINTING PLEASE PRINT OR TYPE CLEARLY
For Who's Who Images please provide an updated Photo to info@hrccouncil.org

Company Name: _____

Payment option: Credit Card Check by Mail Other

Credit Card Details: VISA MasterCard Amex Express Discover

Cardholder's Name: _____

Cardholder's Address: _____

Card Number: _____ Exp. Date (MM/YY): _____

Verification Code (3 last digits on the back of the card): _____ Billing ZipCode: _____

Cardholder's Signature: _____ Date: _____

First Registration Name: _____ Title: _____

Location/Division City: _____ Area of Responsibility: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____ Yrs. Exp in Industry _____

Notes: _____

Second Registration Name: _____ Title: _____

Location/Division City: _____ Area of Responsibility: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____ Yrs. Exp in Industry _____

Notes: _____

Third Registration Name: _____ Title: _____

Location/Division City: _____ Area of Responsibility: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____ Yrs. Exp in Industry _____

Notes: _____