

REGISTRATION FORM

	<u>Prior to May 1</u>	<u>After May 1</u>	<u>On-site</u>	<u>Qty.</u>	<u>TOTALS</u>
<u>REGISTRATION FEES</u>					
Full Conference					
Member	\$100	\$125	\$125	_____	_____
Non-Member	\$125	\$150	\$150	_____	_____
Trade Show Only					
Member	\$35	\$45	\$50	_____	_____
Non-Member	\$50	\$60	\$65	_____	_____
<u>SPOUSE/GUEST</u>					
	\$40	\$45	\$45	_____	_____
<u>CONTINUING EDUCATION</u>					
2hr CEU-Ethics					
Member	\$40	\$60	\$65	_____	_____
Non-Member	\$80	\$120	\$125	_____	_____
2-hr CEU-Complying with Fair Lending Laws					
Member	\$40	\$60	\$65	_____	_____
Non-Member	\$80	\$120	\$125	_____	_____
4-hr CEU-Freddie Mac					
Member	\$60	\$80	\$85	_____	_____
Non-Member	\$100	\$140	\$145	_____	_____
4-hr CEU-Self-Employed Borrower					
Member	\$60	\$80	\$85	_____	_____
Non-Member	\$100	\$140	\$145	_____	_____
2hr CEU-Charles Knight					
Member	FREE	\$60	\$65	_____	_____
Non-Member	\$80	\$120	\$125	_____	_____
4hr CEU-RightPath Marketing					
Member	\$60	\$80	\$85	_____	_____
Non-Member	\$100	\$140	\$145	_____	_____
<u>OTHER</u>					
Kick-Off Party	FREE	\$25	\$45	_____	_____
Golf-Individual	\$100	\$125	\$150	Handicap _____	_____
Family Fun Discount Pass	FREE	\$25	\$25	_____	_____
Golf Shirts (size _____)	FREE	\$45	\$45	_____	_____
TOTAL AMOUNT DUE:					_____



DEADLINES

MAY 1 - DISCOUNTED REGISTRATION

JUNE 1-REGULAR REGISTRATION

PLEASE COMPLETE ONE REGISTRATION PER PERSON

CONTACT INFORMATION:

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ SCMBA Member #: _____

SCDL#: _____

GUEST INFORMATION:

Spouse/Guest: _____

Children: Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____

If you, or someone in your party, have special needs, including dietary restrictions, please let us know: Treasure Island

For planning purposes, please indicate how many people in your party will attend the:

_____ General Session I	Concurrent Sessions
_____ Lunch & Annual Meeting	_____ A
_____ General Session II	_____ B
_____ Trade Show	
_____ Kick-Off Party	

Will you be staying at Kingston Plantation? YES NO

If not, please provide a cell phone number where you can be reached during the convention: _____

Emergency Contact Information: Name: _____ Phone: _____

PAYMENT INFORMATION

VISA MC AMEX CHECK MONEY ORDER

Card # _____ Expiration Date: _____

Cardholder's Name: _____ Security Code: _____

Billing Address, if different from company address: _____

Authorized Signature: _____ Phone Number: _____



Please complete and return form to:

SCMBA - Post Office Box 249, Beaufort, SC 29901

or fax it to: 843-521-8128 *payment must be received with registration.