

REGISTRATION FORM

CONTACT INFORMATION:

Company Name: _____
Contact Person: _____
Address: _____
Phone: _____ Fax: _____
Email: _____ SCMBA Member #: _____

BOOTH SPECIFICATIONS:

Location choice: 1st _____ 2nd _____ 3rd _____

**visit www.scmba.org to view a .pdf of the layout*

Will booth be shipped? YES NO

**No shipments will be accepted at the hotel*

Other special requirements or requests: _____

**Additional furnishings, carpet, or labor arrangements must be made with drayage company.*

PERSONNEL INFORMATION:

Name: _____ Email: _____

Name: _____ Email: _____

*Name: _____ Email: _____

*Name: _____ Email: _____

**Entry fees for two (2) personnel are included in booth price. Additional personnel must purchase admission ticket.*

SPOUSE/GUEST INFORMATION:

Name: _____ Is guest over 21 years of age? YES NO

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

If you have special needs, including dietary restrictions, please let us know: _____

For planning purposes, please indicate the number _____ Will you be staying at Kingston Plantation? YES NO

of people who will be attending the following sessions : If not, please provide cell phone number where you can be reached

_____ Kick-Off Party

_____ General Session I

_____ Lunch & Annual Meeting

_____ General Session II

_____ Concurrent Sessions

_____ A

_____ B

_____ C

_____ Trade Show

Emergency Contact Information:

Name: _____

Phone: _____

Questions? Contact Carolina Event Consultants at (803) 238-7438

Register online at www.scmba.org

JOIN TODAY AND ENJOY MEMBER PRICING!

Affiliate Member \$595 _____
 Affiliate Non-Lender \$345 _____

	Prior to May 1	After May 1	On-site	Qty.		TOTALS
<u>BOOTH FEES</u>						
Member	\$1,395		\$1,695	\$1,895	_____	_____
Non-Member	\$1,795		\$2,095	\$2,295	_____	_____
Non-Industry	\$1,000		\$1,300	\$1,600	_____	_____
<u>ADDITIONAL PERSONNEL</u>						
Member	\$55		\$75	\$75	_____	_____
Non-Member	\$85		\$105	\$105	_____	_____
Non-Industry	\$75		\$95	\$95	_____	_____
<u>SPOUSE/GUEST</u>						
All	\$40		\$45	\$45	_____	_____
<u>OTHER</u>						
Kick-Off Party	FREE		\$25	\$45	_____	_____
Golf Individual	\$100		\$125	\$150	Handicap _____	Treasure _____
Golf Foursome	\$375		\$400	\$425	_____	_____
Family Fun Discount Pass	FREE		\$25	\$25	_____	_____
Golf Shirts (size _____)	FREE		\$45	\$45	_____	_____

**one shirt per company is free*

SPONSORSHIP

Our company wishes to support the 2008 SCMBAs Convention & Trade Show as a _____
 _____ sponsor. _____

PROGRAM ADVERTISEMENTS

Full Page	Regular	\$500	Exhibitor	\$325	_____
Half Page	Regular	\$325	Exhibitor	\$250	_____
1/4 Page	Regular	\$200	Exhibitor	\$175	_____

**space must be reserved by May 1. Camera ready artwork must be received no later than May 15.*

PAYMENT INFORMATION—*required **TOTAL AMOUNT DUE**

VISA MC AMEX CHECK MONEY ORDER

Card # _____ Expiration Date: _____ CC verification code*: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip*: _____

Authorized Signature: _____ Phone Number : _____

REGISTER ONLINE at www.semha.org or complete and return form to:
 SCMBA—81 Sam's Point Road, Beaufort, SC 29907
 SCMBA—PO Box 249, Beaufort, SC 29901 or fax it to: 843-521-8128