

OFFICIAL REGISTRATION FORM
SOUTH CAROLINA MORTICIANS ASSOCIATION, INC.
85th Annual State Convention
May 10-13, 2010

Pre Registration Form

Deadline: April 16, 2010

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ (Office) _____ (Fax) _____

Email Address: _____

Member of District: _____ District Officer: _____ Yes ___ No: Position _____

Funeral Home Affiliation: _____

Funeral Home Address: _____

City: _____ State: _____ Zip Code: _____

Funeral Owner: _____ Yes ___ No

Funeral Director/Embalmer License # _____; Funeral Director/Embalmer # _____

Funeral Director Apprentice: _____ Embalmer Apprentice: _____

Student _____ School Affiliation: _____

Registration Category Fees:

Full Registration – Includes Reception, Picnic, Seminars, Exhibits, Lunch, Reception & Banquet

_____ SCMA Member or Spouse @ \$125.00 (Pre-Registration)

_____ On-Site Member or Spouse @ \$150.00 (Cash only)

_____ SCMA Affiliate Member @ \$200.00 (Non-exhibiting vendor)

_____ Non-Member @ \$325.00 (Pre-Registration) or \$350 On-Site

_____ Student @ \$50.00 (If attending Lunch, Reception & Banquet)

_____ Check to schedule 20 minute “one-on-one” financial planning session with First Citizens Bank Official
(Between 2:00 p.m. and 4:00 pm, Tuesday, May 11, 2010.)

PLEASE CHECK IF ATTENDING (for planning purposes):

_____ Opening Reception _____ Workshop #1 _____ Workshop #2 _____ Workshop #3 _____ Workshop #4

_____ Early Morning Workouts (Bring hand weights) _____ Workshop #5 _____ Workshop #6 _____ Workshop #7

_____ Picnic _____ Exhibitors' Showcases & Lunch _____ Reception _____ Awards Banquet _____ President's Ball

Additional Tickets:

_____ President's Luncheon @ \$35.00 (Non refundable) _____ Awards Banquet @ \$65.00 (Non refundable)

Method of Payment: Check # _____ Money Order # _____

Total Amount Enclosed: \$ _____ (Payable to SCMA, Inc)

Intra Office Accounting Data

Receipt Number _____ Funds Posted _____ Funds Transferred to Treasurer _____

Please advise of any special accommodations needed.

Return Form & Registration Fees to: **Lou Ann Pyatt**
South Carolina Morticians Association, Inc.
Post Office Box 11913
Columbia, SC 29211

_____ **Permission** is given to share appropriate contact information with vendors/suppliers & other conference participants.