

2019 SCFEA Festival & Event Planner's Conference

February 11-13 - Hilton Myrtle Beach Resort

Name: _____

Company: _____

Email: _____ Title: _____

Phone: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name (additional registrant 1): _____

Email: _____

Name (additional registrant 2): _____

Email: _____

Event Planner Registration Only	Qty.	Fee	TOTAL
SCFEA Member before Dec 31	X _____	\$180 =	\$ _____
SCFEA Member after Jan 1, 2019	X _____	\$225 =	\$ _____
Non-Member before Dec 31	X _____	\$225 =	\$ _____
Non-Member after Jan 1, 2019	X _____	\$260 =	\$ _____
Day Rate <input type="checkbox"/> Feb 12 <input type="checkbox"/> Feb 13	X _____	\$140 =	\$ _____
Awards Banquet Rate <i>(includes meal only)</i>	X _____	\$ 45 =	\$ _____
Spouse/Partner Rate <i>(includes meals & social event only)</i>	X _____	\$100 =	\$ _____
Student Rate <i>(must be a full-time student)</i>	X _____	\$ 90 =	\$ _____
Registration TOTAL			\$ _____

Associate Member Registration Only	Qty.	Fee	TOTAL
Associate Member Registration before Dec 31	X _____	\$210 =	\$ _____
Associate Member Registration after Jan 1, 2019	X _____	\$235 =	\$ _____
Exhibit Booth	X _____	\$ 25 =	\$ _____
Additional Representative(s)	X _____	\$145 =	\$ _____
Booth Electricity	__ Yes	__ No	
Program Advertisement <i>(see SCFEA.com/exhibitors)</i>			\$ _____
Conference Sponsorship <i>(see SCFEA.com/exhibitors)</i>			\$ _____
Registration TOTAL			\$ _____



Payment Information

My check payable to SCFEA is enclosed. Please send me an electronic invoice to pay by credit card.

Credit cards are also accepted with online registration at www.SCFEA.com/conference.

PLEASE MAKE CHECKS PAYABLE TO SCFEA
& MAIL COMPLETED REGISTRATION FORMS TO:
SCFEA 2019 Conference
PO Box 42205 • Charleston, SC 29423

For questions & more info: www.SCFEA.com
call 843.614.2357 or email info@scfea.com