

SPONSORSHIP & REGISTRATION

2019 Annual Meeting
Agenda Coming Soon!

November 13, 2019
11:45 am - 4:00 pm

Capital City Club
Columbia, SC 29201

PLATINUM SPONSOR \$1,500

- 8 Complimentary Registrations
- Reserved table for (8) for luncheon
- Company/Logo displayed on SCFOR website*
- Company/Logo displayed during meeting*
- Recognition in program

GOLD SPONSOR \$1,000

- 6 Complimentary Registrations
- Company/Logo displayed on SCFOR website*
- Company/Logo displayed during meeting*
- Recognition in program

SILVER SPONSOR \$750

- 4 Complimentary Registrations
- Company/Logo displayed during meeting*
- Recognition in program

BRONZE SPONSOR \$500

- 2 Complimentary Registrations
- Company/Logo displayed during meeting*
- Recognition in program

*Please provide a high quality (.jpeg) logo for SCFOR's use.
Logos can be emailed to jennifer@scfor.org.

INDIVIDUAL REGISTRATION \$130

**ALL SPONSORSHIPS & REGISTRATIONS
MUST BE RECEIVED BY
FRIDAY, NOVEMBER 1, 2019**

CANCELLATION POLICY

Sponsors: Upon acceptance of your registration no refunds will be granted.
Individual Registrations: If unable to attend, substitutions are welcome any time prior to the event date. A 50% processing fee applies to all cancellations. Cancellations must be made before 5:00 p.m. on Friday, November 1. Registration fees will not be refunded after that date. No-shows will be charged the full registration fee.

PRIMARY SPONSOR/ATTENDEE INFORMATION

Name: _____

(PLEASE PRINT NAME AS IT SHOULD APPEAR ON NAME TAG)

Company: _____

(PLEASE PRINT COMPANY AS IT SHOULD APPEAR ON NAME TAG)

Email: _____

Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

ATTENTION SPONSORS: PLEASE USE THE "SPONSOR ATTENDEES" FORM TO SUBMIT THE NAMES OF ALL OF YOUR COMPLIMENTARY ATTENDEES.

PAYMENT

TOTAL AMOUNT DUE \$ _____

CHECK PAYMENT

Please make checks payable to "SCFOR" and remit to the address below.

CREDIT CARD PAYMENT

Please note that payments made by credit card are subject to a 3% processing fee.

CARDHOLDER NAME

CARD NUMBER

EXP DATE (MM/YY)

CSC

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP

EMAIL FOR RECEIPT*

*I hereby authorize SCFOR to invoice me the "total amount due" indicated, plus a 3% processing fee.

Please submit this form to Jennifer Patterson via email to jennifer@scfor.org to confirm your registration.

Checks can be mailed to the following address:

**SCFOR
PO Box 50142
Columbia, SC 29250**

SPONSOR ATTENDEES

Platinum Sponsor - 8 Registrations

Gold Sponsor - 6 Registrations

Silver Sponsor - 4 Registrations

Bronze Sponsor - 2 Registrations

THANK YOU FOR YOUR SPONSORSHIP! PLEASE INCLUDE CONTACT INFORMATION FOR YOUR COMPLIMENTARY REGISTRATIONS BELOW. PLEASE PRINT CLEARLY AND PROVIDE NAMES/COMPANY AS THEY SHOULD APPEAR ON NAME TAGS.

NAME: _____

COMPANY: _____

EMAIL: _____

NAME: _____

COMPANY: _____

EMAIL: _____

NAME: _____

COMPANY: _____

EMAIL: _____

NAME: _____

COMPANY: _____

EMAIL: _____

NAME: _____

COMPANY: _____

EMAIL: _____

NAME: _____

COMPANY: _____

EMAIL: _____

NAME: _____

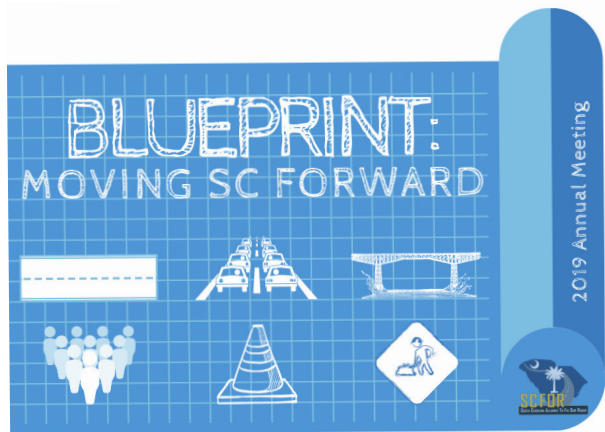
COMPANY: _____

EMAIL: _____

NAME: _____

COMPANY: _____

EMAIL: _____



PLEASE SUBMIT THIS FORM TO
JENNIFER@SCFOR.ORG TO CONFIRM YOUR
COMPLIMENTARY ATTENDEE REGISTRATIONS.

NOT PLANNING TO USE ALL OF YOUR COMPLIMENTARY REGISTRATIONS? *Please let us know by Friday, November 1, 2019.* Please contact Jennifer Patterson via email jennifer@scfor.org or by phone at (803)417-6256.

NAMES FOR ALL COMPLIMENTARY REGISTRATIONS MUST BE RECEIVED BY FRIDAY, NOVEMBER 8, 2019.