



2015 SCPHA Annual Meeting Registration Form
Brookland Banquet and Conference Center
West Columbia, South Carolina
May 20-22, 2015

Participant Information: Print or type your name as you wish it to appear on your badge.
 Everyone attending this meeting must register. An identification badge is required for admission to all events.

Name: _____ Title: _____
 Agency/Organization: _____ Program Area: _____
 City: _____ State: _____ ZIP: _____ Phone: _____
 Email Address: _____ SCPHA Member #: _____

Name(s) of Guests, if any:

Please indicate any special needs or requests that need to be accommodated in order for you to participate fully in the meeting, e.g., dietary needs, physical access, etc. Specify (e.g., seafood allergy).

Accommodations needed

REGISTRATION

(Note: Member = Membership is current at the time of registration)

Full Meeting: Wednesday -- Friday (includes Awards Luncheon)

	Early Regular (by 5/7/15)	Late or on-site (after 5/7/2015)	Amount Paid
<input type="checkbox"/> Member Registration (membership current)	\$ 110.00	\$ 135.00	\$
<input type="checkbox"/> Member Retiree or Member Student (membership current)	\$ 75.00	\$ 85.00	\$
<input type="checkbox"/> Non-Member	\$ 150.00	\$ 175.00	\$
<input type="checkbox"/> Non-Member Presenter (speaker or poster sessions)	\$ 110.00	\$ 135.00	

One-Day Registration

	Wednesday	Thursday			
Member	<input type="checkbox"/>	<input type="checkbox"/>	\$ 85.00	\$ 85.00	\$
Member Student or Retiree	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	\$ 50.00	\$
Non Member	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	\$ 110.00	\$
Non-Member Presenter	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	\$ 50.00	
Member	<input type="checkbox"/> Friday only		\$ 65.00	\$ 65.00	\$
Member Student or Retiree	<input type="checkbox"/> Friday only		\$ 50.00	\$ 60.00	\$
Non Member	<input type="checkbox"/> Friday only		\$ 75.00	\$ 75.00	\$
Non-Member Presenter	<input type="checkbox"/> Friday only		\$ 50.00	\$ 50.00	

Wednesday Lunch Options (check if not dining on your own)

Check if attending

New Member Orientation (Joined since June 1, 2014)		<input type="checkbox"/>	
Three Minute Student Presentations		<input type="checkbox"/>	

Payment Information: A check or copy of purchase order must accompany this registration form and must be postmarked by May 2, 2015. You may also register online and pay through PayPal. Visit www.scpa.com and click on Events.

Cancellations must be received in writing by the membership coordinator, Gloria McCurry (mccurrga@gmail.com) no later than Friday, May 9, 2015. Cancellations made after May 9 will result in forfeiture of your registration fee.

Make your Check or Money Order Payable to SC Public Health Association.
 Return completed Registration form and Check/MO, or copy of PO, to: **SCPHA 2015 Annual Conference Registration**
Attn: Gloria McCurry
116 Rockerfella Lane Columbia, SC 29223
 If paying by check, the receipt will be in the registration packet you receive at the conference.
 Questions?
 Contact the membership coordinator at 803-788-0309 or mccurrga@gmail.com, or access our website at www.scpa.com.

Payment Method
 Check/Money Order payable to SCPHA
 ONLINE THROUGH PayPal
 PO/DEV# (with copy)
 For Office Use Only
 Receipt # 15- _____ Date received: _____
 Payment Amount \$ _____
 Purchase Order # _____
 Check/MO # _____
 PayPal Trans ID _____
 SCPHA - authorized by _____
 Date of Deposit _____