



2019 SCAHCE Conference

Vendor and Sponsor Registration

One Team, One Goal – Creating Partnerships that Win!

October 3-4, 2019
Piedmont Technical College 620
620 North Emerald Road
Greenwood, SC 29648

Registration

Registration:

_____ Vendor	\$225	2 day booth, Thursday lunch, Friday breakfast, table and chair
_____ Event Sponsor	\$500	2 day booth, Thursday lunch, Friday breakfast, table, chair, logo/business on materials, logo on the SCAHCE website and 3 minute presentation at the business meeting to promote your product
_____ Social Event Sponsor	\$650	2 day booth, Thursday lunch, Friday breakfast, table, chair, logo/business on materials, logo on the SCAHCE website and 3 minute presentation at the social to promote your product

Personal Information

Name of Business * _____

First Name* _____ Last Name* _____

Job Title* _____

Primary Phone* _____ Email* _____

Address* _____

City* _____ State* _____ Zip* _____

Special Assistance | Requests

Please indicate if you need any form of assistance with conference facilities. Please be as specific as possible.

Please indicate if you have any dietary restrictions or special requests.

Questions

If you are experiencing difficulties with the registration process or have general questions regarding the conference please contact Conference & Event Services at 803-777-9444 or confs@mailbox.sc.edu

Program questions can be directed to scacheinfo@gmail.com

Cancellation Policy

No refunds will be given for vendor or sponsor registration. The liability of SCAHCE Conference is limited and SCAHCE will not be responsible for any losses incurred by registrants or their families including, but not limited to, airline cancellation charges or hotel deposits. SCACHE reserves the right to cancel and refund all registration fees for any program due to circumstances beyond its control, including insufficient registration

Method of Payment (Mail or Fax)

CEC Office Use Only:

DATE: _____ MTH _____ \$ _____ APPVL _____ A _____ CC 4 _____ Exp _____

Please complete the payment information and mail this registration form with your payment to:

SCACHE
c/o Continuing Education and Conferences
University of South Carolina
1705 College Street, Suite 591
Columbia, SC 29208 USA

You may FAX your registration to 803-777-2663.

Make all methods of payment payable to the **SCACHE**. If you wish to charge your fees, enter your account number and sign below

IIT (USC Departments Only) Operating Unit _____ Dept _____ Fund Code _____ Class Field _____

PC Business Unit _____ Project _____ Activity _____

Mastercard American Express VISA Discover Check

The charge on your credit card statement will appear from the University of South Carolina.

If paying by Purchase Order, please email confs@mailbox.sc.edu a copy of the PO. Sorry, PO number alone cannot be processed.

Name on Card: _____

Cardholder's Signature: _____ Date: _____

CVV Number: _____ Card Number: _____ Expiration: _____

Please do not scan and email this form with credit card information. It is not secure and will not be accepted.