

SOUTHEAST CHRISTIAN SCHOOL CONVENTION

September 21-23, 2016

Myrtle Beach Convention Center - Myrtle Beach, SC

Convention Registration Form

School Name: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Phone: _____

Administrator's Name: _____ Email: _____

Note: Printed nametags cannot be guaranteed for registration forms mailed after September 15, 2016. Registration fee allows attendance for ONE or ALL days of the convention.

_____ Early-Bird Registration - \$70.00 if postmarked **before August 30, 2016** =\$ _____
_____ Regular Registration - \$75.00 =\$ _____
_____ Late Registration - \$80.00 if postmarked **after September 10, 2016** =\$ _____
_____ Discount for lodging at the Sheraton (minus \$10 per delegate) - _____

TOTAL DUE =\$ _____

For security purposes, please let us know which hotel you are staying at:

_____ Sheraton – Headquarters Hotel _____ Carolinian Beach Resort
_____ Fairfield _____ Sea Mist Hotels
_____ Holiday Inn Express _____ Other _____
_____ Camelot
_____ How many rooms will be used? _____

Pay by: _____ Check# _____
_____ Credit Card Credit Card # _____ Exp: _____

Note: **Please make all checks payable to SCACS.** Convention Booklets and Identification Badges should be picked up at the SCACS Registration Desk by ONE school representative upon arrival at the Convention Center.

Signature _____ Date _____

Mail information to:
South Carolina Association of Christian Schools
615 St. Andrews Rd.
Columbia, SC 29210

Fax – 803.798.7548 Email – scacs@christianeducation.org

(PLEASE NOTATE REGISTRATIONS ON THE ENCLOSED NAME LIST FORM)

If registration form is being emailed or faxed, please send payment immediately in the mail.

Name List Form

Please enter name and position

(Position: Pastor, Administrator, Child Care Director, Teacher, Caregiver, or list other position)

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(PLEASE DUPLICATE THIS FORM FOR ADDITIONAL REGISTRATION)