

2010 SCCA & CMASC Exhibitors Registration Form



Spring Conference
April 25 – April 27, 2010
Kingston Plantation - Embassy Suites Myrtle Beach Hotel
9800 Queensway Blvd., Myrtle Beach, SC 29572
(843) 449-0006

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact Person _____

E-Mail address _____

Attendant 1. _____

Badge Name _____

Attendant 2. _____

Badge Name _____

Need Electrical Access? YES _____ NO _____ Need a Table? YES _____ NO _____

Please describe any special hook-up requirements you have (i.e. internet, electrical, etc.):

Exhibitor Space: \$350.00

Exhibitor fee includes 2 attendees for the Monday Night Banquet. **Please confirm the number of banquet attendees by April 12, 2010.**

I will attend the Banquet YES _____ NO _____ # Attending _____ *

*If more than two attending banquet, additional fee is \$60 per person.

When reserving your room, please mention booking code SCL for the \$135.00 special conference room rate.

**Make your check payable to: South Carolina Claims Association
Mail to: CMASC, PO Box 2406, W. Columbia, SC 29171**