



**OFFICIAL REGISTRATION**  
**SOUTH CAROLINA MORTICIANS ASSOCIATION, INC.**



95th Annual State Convention  
 September 20-23, 2021

Theme: "Working Together Today For A Better Tomorrow" - The Hilton Myrtle Beach, Kingston Plantation  
 10000 Beach Club Drive, Myrtle Beach, SC 29572

**Pre-Registration Form**

**Deadline: July 30, 2021**

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of District: \_\_\_\_\_ District Officer: Yes \_\_\_\_\_ No \_\_\_\_\_ Position: \_\_\_\_\_

Funeral Home Affiliation: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Funeral Home Owner: Yes \_\_\_\_\_ No \_\_\_\_\_

Funeral Director/Embalmer License # \_\_\_\_\_

Funeral Director Apprentice: \_\_\_\_\_ Embalmer Apprentice: \_\_\_\_\_

Student \_\_\_\_\_ School Affiliation \_\_\_\_\_

**Registration Category Fees:**

*Full Registration - Includes Receptions, Seminars, Exhibits, Lunches & Awards Banquet*

\_\_\_\_\_ SCMA Member or Spouse @ \$150.00 (Pre-Registration)

\_\_\_\_\_ **On-Site Member or Spouse @\$175.00 (Cash only)**

\_\_\_\_\_ SCMA Affiliate Member @ \$175.00 (Non-exhibiting vendor)

\_\_\_\_\_ *Non-Member Affiliate @ \$275.00 (Non-exhibiting vendor)*

\_\_\_\_\_ *Non-Member Fun. Dir. Embalmer @ \$300.00 (Pre-Registration) or \$350.00 On Site*

\_\_\_\_\_ *Non-Member Fun. Dir. Embalmer: One Day Only @ \$175.00 (CEU, Lunch & Exhibits): \_\_\_\_\_ \$75.00 Lunch Only*

\_\_\_\_\_ Student @ \$50.00 (If attending Meal Functions)

***TOTAL***

PLEASE CHECK IF ATTENDING <i>(for planning purposes)</i>		
_____ Tuesday's Exhibitors' Showcase & Lunch*	_____ President's Luncheon*	_____ Awards Banquet*

\*Ticket Required

**Additional Ticket(s) May be Purchased for the Following Functions: (All fees non-refundable)**

\_\_\_\_\_ Tues. or Wed. Lunch @ \$35.00 Each    \_\_\_\_\_ Awards Banquet @ \$60.00 Each

Method of payment: Check#/Money Order# \_\_\_\_\_ Total Amount Enclosed: \$ \_\_\_\_\_ (Payable to SCMA, Inc)

<b><i>Please advise of any allergies or special accommodations needed.</i></b>
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**Return Form & Registration Fees to: South Carolina Morticians Association, Inc**  
**Post Office Box 1013**  
**Laurens, SC 29360**

Please Check to agree

\_\_\_\_\_ Permission is given to share appropriate contact information with vendors/suppliers & other conference participants.

\_\_\_\_\_ Permission is given to be photographed and photo published on website and in newsletter.

\_\_\_\_\_ **\*\*By attending, I agree to release South Carolina Morticians Association, Inc., from any and all liability for exposure or harm due to Covid-19.\*\***