



OFFICIAL REGISTRATION
SOUTH CAROLINA MORTICIANS ASSOCIATION, INC.



99th Annual State Convention

May 13-15, 2024

The Embassy Suites by Hilton Charleston Airport & Convention Center
 5055 International Boulevard. - North Charleston, South Carolina 29418

Pre-Registration Form

Deadline: March 31, 2024

Name: _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Telephone (Home) _____ (Cell) _____ (Office) _____ (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 @ \$300.00 (Pre-Registration)

_____ Non-Member, Non-Licensed @ \$275.00

_____ **On-Site Member or Spouse @\$325.00 (Cash only)**

_____ SCMA Affiliate Member @ \$275.00 (Non-exhibiting vendor)

_____ *Non-Member Affiliate @ \$375.00 (Non-exhibiting vendor)*

_____ *Non-Member Fun. Dir. Embalmer @ \$300.00 (Pre-Registration) or \$450.00 On Site*

_____ *Non-Member Fun. Dir. Embalmer: One Day Only @ \$275.00*

_____ Student @ \$75.00 (If attending Meal Functions)

_____ **TOTAL**

PLEASE CHECK IF ATTENDING (for planning purposes)

_____ Monday - Board of Directors Meeting* _____ Tuesday - President's Luncheon* _____ Wednesday - Awards Banquet*

*Ticket Required

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

_____ Tuesday President's Luncheon @ \$50.00 Each _____ Awards Banquet @ \$125.00 Each

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

PayPal -- See Website: www.scmorticians.org/scadsocinc@gm

Please advise of any allergies or special accommodations needed.

Return Form & Registration Fees to: South Carolina Morticians Association, Inc

Post Office Box 1013

Laurens, SC 29360

_____ 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.****