Southeast Christian School Convention

September 24-26, 2014

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, 2014. Registration fee allows attendance for ONE or ALL days of the convention.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Early-Bird Registration - $65.00 if postmarked **before August 30, 2014** | =$ |  |
|  | Regular Registration - $70.00 | =$ |  |
|  | Late Registration - $75.00 if postmarked **after September 15, 2014** | =$ |  |
|  | 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 |  | |  | | Oceana Resorts | | |
|  | Fairfield |  | |  | | Sea Mist Hotels | | |
|  | Holiday Inn Express |  | | | | Other |  | |
|  | 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)*

|  |  |  |
| --- | --- | --- |
|  | NAME | Position |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 |  |  |
| 23 |  |  |
| 24 |  |  |
| 25 |  |  |
| 26 |  |  |
| 27 |  |  |
| 28 |  |  |
| 29 |  |  |
| 30 |  |  |
| 31 |  |  |
| 32 |  |  |
| 33 |  |  |
| 34 |  |  |
| 35 |  |  |

|  |  |  |
| --- | --- | --- |
|  | NAME | Position |
| 36 |  |  |
| 37 |  |  |
| 38 |  |  |
| 39 |  |  |
| 40 |  |  |
| 41 |  |  |
| 42 |  |  |
| 43 |  |  |
| 44 |  |  |
| 45 |  |  |
| 46 |  |  |
| 47 |  |  |
| 48 |  |  |
| 49 |  |  |
| 50 |  |  |
| 51 |  |  |
| 52 |  |  |
| 53 |  |  |
| 54 |  |  |
| 55 |  |  |
| 56 |  |  |
| 57 |  |  |
| 58 |  |  |
| 59 |  |  |
| 60 |  |  |
| 61 |  |  |
| 62 |  |  |
| 63 |  |  |
| 64 |  |  |
| 65 |  |  |
| 66 |  |  |
| 67 |  |  |
| 68 |  |  |
| 69 |  |  |
| 70 |  |  |

(PLEASE DUPLICATE THIS FORM FOR ADDITIONAL REGISTRATION)