

# SCDTAA Fifty First Annual Summer Meeting \* July 27-29, 2018

## The Sonesta Resort, Hilton Head, South Carolina

Please fill out a separate form for each conference attendee

Name (as to appear on name tag): \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Social Attendee (as to appear on badge): \_\_\_\_\_

Social Attendee Firm: \_\_\_\_\_

SC Bar Number \_\_\_\_\_ Social Attendee Bar Number\*\* \_\_\_\_\_

Children Guest: \_\_\_\_\_ (Age \_\_\_\_\_) Children Guest: \_\_\_\_\_ (Age \_\_\_\_\_)

**If attending evening events.**

**\*\*If social attendee wishes to receive CLE credit there is a \$300.00 processing fee due with registration fee**

I am a first-time attendee (check box):

Registration Fees:	Check appropriate box	On or Before 6/18/18	After 6/18/18
SCDTAA Member	<input type="checkbox"/>	\$700.00	\$800.00
Attorney of SCDTAA Firm Member	<input type="checkbox"/>	\$850.00	\$950.00
Corporate Counsel Non-SCDTAA Member	<input type="checkbox"/>	\$725.00	\$825.00
Claims Manager	<input type="checkbox"/>	\$300.00	\$400.00
Non-CMASC Member Risk Manager	<input type="checkbox"/>	\$325.00	\$425.00
Non-CMASC Member Claims Manager	<input type="checkbox"/>	\$325.00	\$425.00
<b>Social Attendee – Adult &amp; ages 13 – 17</b>	<input type="checkbox"/>	\$150.00	\$250.00
<b>Social Attendee – ages 5 – 12</b>	<input type="checkbox"/>	\$75.00	\$175.00

- **social attendee fee must be paid if guest is attending evening functions**

\_\_\_\_\_ # Attending silent auction/reception Friday \_\_\_\_\_ # Attending group dinner Saturday night

**Optional Events: Please include name of additional participants with form (continued next page).**

Golf Tournament – Saturday, July 28  Me  Social Attendee \$300.00 per person  
 - *Lunch included*

My handicap \_\_\_\_\_ Social Attendee handicap \_\_\_\_\_

Beach Games – Saturday, July 28 \_\_\_\_\_ # Participating in beach games

Tie Dye T-shirt Activity – Saturday, July 28 \$18.00 per person  
 - Children under the age of 10 must be accompanied by adult

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

SCDTAA Children's Program – Friday, July 27

\$65.00 per child

- To be held on property

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

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\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ (covers registration fee and activities)

**\*\*PLEASE NOTE IF YOU WISH TO PAY BY CREDIT CARD YOU MUST REGISTER FOR THE MEETING ONLINE AT WWW.SCDTAA.COM**

**\*\*Please supply all names participating in optional events.**

Name \_\_\_\_\_

Event \_\_\_\_\_

Name \_\_\_\_\_

Event \_\_\_\_\_

Name \_\_\_\_\_

Event \_\_\_\_\_

Name \_\_\_\_\_

Event \_\_\_\_\_

Name \_\_\_\_\_

Event \_\_\_\_\_

**Return this form to: SCDTAA, 1 Windsor Cove, Suite 305, Columbia, SC 29223  
(803) 252-5646 ♦ Fax (803) 765-0860**

**A refund, less \$250.00 fee, will be given for cancellation requests received in writing by July 6<sup>th</sup>. NO REFUNDS will be granted after July 6<sup>th</sup>.**