

SCDTAA 54th Annual Summer Meeting * July 22-24, 2021

The Omni Grove Park Inn, Asheville, North 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: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Spouse/Guest (as to appear on badge): _____

Spouse Firm: _____

SC Bar Number _____ Spouse/Guest Bar Number** _____

*Children Guest: _____ (Age _____) Children Guest: _____ (Age _____)

***If attending evening events.**

****If Spouse/Guest 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 6/8/21	After 6/8/21
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
Social Attendee – Adult & ages 13 – 17	<input type="checkbox"/>	\$150.00	\$250.00
Social Attendee – ages 5 – 12	<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

Special Needs: K kosher _____ Vegetarian _____ Other _____

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

- Axe Throwing Contest – Friday, July 23rd Me Spouse/Guest \$165.00 per person
 with Beer Lunch
 - *Lunch included / Minimum of 10 people required*
- Electric Bike Tour – Friday, July 23rd Me Spouse/Guest \$140.00 per person
 - *Minimum of 4 people required*
- Golf Tournament – Friday, July 23rd Me Spouse/Guest \$415.00 per person
 - *Lunch included*

My handicap _____ Spouse/Guest handicap _____

A refund, less \$250.00 fee, will be given for cancellation requests received in writing by July 2nd. NO REFUNDS will be granted after July 2nd

SCDTAA Children's Program – Thursday, July 22nd

\$75.00 per child

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

SCDTAA Children's Program – Friday, July 23rd

\$75.00 per child

_____ 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**

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