

REGISTRATION FORM
South Carolina Economic Development School - SCEDS
Session I \$225 - all other sessions \$250 each

Last Name: _____ First Name: _____ Called: _____

Position: _____

Organization: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____ SCEDA Member: _____

Phone: _____ Fax: _____ Email: _____

Payment or cancellation must be received 1 week prior to class start date or a late registration /cancellation fee applies. A portion of the registration fee will be retained due to late or no cancellation notice.

Session 1 - Feb 12-13, 2009 _____

Session 2 - May 14-15, 2009 _____

Session 3 - Aug 20-21, 2009 _____

Session 4 - Nov 5-6, 2009 _____

Total Amount enclosed: _____

Check #: _____

Scholarship: _____

Credit Card Payments

NAME ON CARD _____ Amount \$ _____

MC or VISA # _____ Expiration Date _____

Zip Code of Billing Address _____ Phone # of Billing Address _____

Registration:

FAX: Send this registration form to (843) 953-7633. This line is available 24 hours a day

MAIL: Tate Center for Entrepreneurship
College of Charleston
66 George Street
Charleston SC 29424

E-MAIL: TateRegistration@cofc.edu

Please include all of the information outlined on the registration form, including course name and date.