

2023 SC HIV, STD AND VIRAL HEPATITIS CONFERENCE REGISTRATION FORM (only complete if registering by mail) If registering on-line, visit: www.midcarolinaahec.org

NAME _____
 ORGANIZATION _____
 DISCIPLINE (e.g., nurse, social worker, health educator, etc.) _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ **E-MAIL (REQUIRED for CEUs)** _____

Registration Timeline	Wed., Oct. 25	Thurs., Oct. 26	Full Conference (both days)
EARLY REGISTRATION <i>Deadline: August 25</i>	___ \$145	___ \$145	___ \$270
REGULAR REGISTRATION <i>Deadline: September 15</i>	___ \$170	___ \$170	___ \$320
LATE REGISTRATION <i>Deadline: October 13</i>	___ \$205	___ \$205	___ \$395
ON-SITE REGISTRATION <i>Registration <u>after</u> October 16</i>	___ \$245	___ \$245	___ \$470
STUDENT REGISTRATION* <i>Deadline: September 15</i>	___ \$60	___ \$60	___ \$120
*Students will be required to submit a scanned copy of their school identification card (with photo) with their registration and MUST have that card with them at conference registration on-site.			
<i>If you are pursuing ACPE credit, please add \$15 to your total:</i>			
	___ +\$15	___ +\$15	___ +\$15
TOTAL PAYMENT:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> YES, I would like a VEGETARIAN lunch. <input type="checkbox"/> YES, I would like a VEGAN lunch.			
<i>Please note there is a \$10 convenience fee for paying online. Registration fees include conference materials, keynote addresses, concurrent sessions, and conference meals (continental breakfast and lunch each day). Late Registration will be accepted on a space-available basis. **Any registration paperwork not received in the Mid-Carolina AHEC office by October 16, 2023 will be considered On-site Registration and the appropriate fees will apply if space is available.</i>			

I have read and agree to the “Refunds, Cancellations and Substitutions” policy found under “REGISTRATION INFORMATION” in this brochure or on the conference website: www.schiv-stdconference.org

Registrant Signature (required) _____

If registering by mail, make fee payable to: Annual SC HIV STD Conference (Federal ID #20-3795068)

Specify method of payment: ___ Check # _____ Money Order # _____
 ___ State Purchase Order # _____ (We will accept POs from SC state government agencies only.)

Incomplete registration forms will not be processed. Confirmation of registration will be made via e-mail ONLY!

Mail completed registration form and payment to: Pam Harper, Registrar
 SC HIV, STD and Viral Hepatitis Conference
 Box 2049, Lancaster, SC 29721

Questions? Phone (803) 286-4121 | Fax (803) 286-4165 | E-mail pharper@comporium.net.