SCMEA 2006 SPRING MINI-CONFERENCE REGISTRATION FORM
(please type or print clearly)

Name:_____

Title/Occupation: _____

Mailing Address:_____

Organization:_____

Street/PO Box:_____

City, State, Zip:_____

Phone: ( )_____

Email:_____

Check if you:
_____ Prefer vegetarian meal

Is this your first SCMEA Conference? _____Yes_____No

SCMEA Membership - Join or Renew now!
_____ 1 Yr $15 _____ 3 Yrs $40 _____ 5 Yrs $60

Conference Registration
Registration (includes lunch, snacks): $25: $_____

Field Trip _____yes _____no

Total Enclosed (dues, registration): **$_____**
Pay by check, Visa or MasterCard only.
Card #:_____
Expiration Date:_____
Signature:_____

Please send completed form and check (payable to SCMEA) for all fees to:
Nelle Stephenson, 9683 Eaddy Lane, Murrells Inlet SC 29576