



Safety Awards

MARCH 22, 2016 | EMBASSY SUITES | COLUMBIA, SC

LUNCHEON REGISTRATION FORM

Presented By **FISHER & PHILLIPS LLP**
ATTORNEYS AT LAW
Solutions at Work®

Registration Deadline: March 15
Registration Opens at 11:30am Luncheon Begins at Noon
** Framing Deadline March 4th**

Make plans to attend the luncheon to honor South Carolina's companies with top safety records.

Take this opportunity to thank your safety managers and employees who work so hard to keep your workplace safe by inviting them to attend the Safety Awards Luncheon. Recognition such as this promotes enthusiasm for safe work practices among employees. That attitude translates into a health work environment and a better bottom line for your company and South Carolina. We encourage you to celebrate this accomplishment by bringing your entire safety team and sponsoring a table for only \$850.

LUNCHEON REGISTRATION

- ☐ Individual Lunch Registration \$70
- Certificate Option (Select One)
- ☐ Unframed Certificate (no additional fee)
- ☐ Basic Frame Certificate (additional \$45)**
- ☐ Premium Frame Certificate (additional \$80)**
- ☐ Company Table Sponsor: Reserved for up to 8 people, includes unframed certificate and additional benefits found here. \$850

ADDITIONAL OPTIONS

- ☐ Additional Luncheon Attendee(s) _____ x \$70 = \$ _____
- ☐ Additional Basic Frame Certificate(s)** _____ x \$45 = \$ _____
- ☐ Additional Premium Frame Certificate(s)** _____ x \$80 = \$ _____

CERTIFICATE BY MAIL

- ☐ Premium Frame Certificate by Mail** _____ x \$110 = \$ _____
- ☐ Basic Frame Certificate by Mail** _____ x \$70 = \$ _____
- ☐ Unframed Certificate by Mail** \$30

Ship To (no PO Box):

Name: _____

Company Name: _____

Address: _____

Phone #: _____

QUALIFYING LOCATION/CERTIFICATE

Required

Company Name: _____

City/Location(s): _____

ATTENDEES FOR LUNCHEON

List **EXACT** way Name(s) should be appear on Name Tags

- | | |
|----------------|------------------------------------|
| 1. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 2. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 3. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 4. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 5. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 6. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 7. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |
| 8. Name: _____ | Job Title: _____ |
| Email: _____ | Special Dietary Restriction: _____ |

CONTACT INFORMATION

This is the person that will be contacted with questions regarding your certificate and or attendees

Name: _____

Title: _____

Email: _____

Phone: () _____

Company Name: _____

Address: _____

City/State/Zip Code: _____

Total Registration Fees: \$ _____

☐ Check Enclosed ☐ Credit Card Acct#: _____ Exp. Date: _____

Ver.#: _____ Signature: _____ Billing Zip Code: _____

Return Completed Form To: April Cox: April.Cox@scchamber.net | 803-255-2621 | Fax: 803-343-5881
Website: www.scchamber.net/events

Mail: South Carolina Chamber of Commerce
1301 Gervais Street, Suite 1100, Columbia, S.C.

Cancellation Policy: If unable to attend, substitutions are welcome anytime prior to the start of the event. A 50% processing fee applies to all event cancellations. Registrants are responsible for the full registration fee for any cancellation made after 5 p.m., seven days prior to the event. Registration fees will not be refunded or waived after that date. No-shows will be charged the full registration fee.