



Safety Awards

LUNCHEON REGISTRATION FORM

MARCH 28, 2019 | Event Opens at 11:30am, Luncheon Begins at Noon
COLUMBIA METROPOLITAN CONVENTION CENTER | 1101 LINCOLN ST, COLUMBIA, SC

Individual ticket blocks of 4 or more are not guaranteed to be seated together

**** Framing Deadline March 19th****
Registration Deadline: March 21

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 healthy 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**
(NOTE: ticket blocks of 4+ are not guaranteed seating together)
- Certificate Option (Select One)
 - Unframed Certificate (no additional fee)
 - Basic Frame Certificate (additional \$45)**
 - Premium Frame Certificate (additional \$100)**
- Company Table Sponsor: Reserved seating together for up to 8 people, includes basic framed certificate, name on the table, and recognition in the program. **\$850**

ADDITIONAL OPTIONS

- Additional Luncheon Attendee(s) _____ x **\$70** = \$ _____
- Additional Basic Frame Certificate(s)** _____ x **\$45** = \$ _____
- Additional Premium Frame Certificate(s)** _____ x **\$100** = \$ _____

CERTIFICATE BY MAIL

- Premium Frame Certificate by Mail** _____ x **\$130** = \$ _____
- 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): _____

Pronunciation of Company Name: _____

ATTENDEES FOR LUNCHEON

List **EXACT** way Name(s) should 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: _____

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.

Total Registration Fees: \$ _____

- Check Enclosed** **Credit Card Processing** Payment: contact noted on form will receive invoice via email within three business days. After receiving the invoice, please mail check or call Linda Harrelson (803) 255-2548 to submit payment. For security purposes credit card payments may not be received via email or fax.

Signature: _____ **Billing Zip Code:** _____

Return Completed Form To: events@scchamber.net | 803-255-2617

Website: www.scchamber.net/events

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