



**MANUFACTURED HOUSING**  
Institute of South Carolina

# 2018 MHISC FALL MEETING REGISTRATION FORM

NOVEMBER 7-8, 2018 \* CHARLESTON HARBOR RESORT AND MARINA  
To receive group room rate, call (843) 856-0028 Room Rate expires OCTOBER 7, 2018.

**1 FALL MEETING REGISTRATION:** Meeting Registration includes: Reception, Dinner and Seminars on November 7, 2018

Company Name: \_\_\_\_\_

Attendee: \_\_\_\_\_ Badge should read: \_\_\_\_\_

Attendee: \_\_\_\_\_ Badge should read: \_\_\_\_\_

Attendee: \_\_\_\_\_ Badge should read: \_\_\_\_\_

Attendee: \_\_\_\_\_ Badge should read: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**2 GOLF REGISTRATION:**

Registration includes:  
Round of Golf, Sponsored Beverages and Lunch

Player 1 Name: \_\_\_\_\_

Please list TEAM players here or list people you would like to play with: *(not guaranteed unless paid for as a TEAM)*

Player 2 Name \_\_\_\_\_

Player 3 Name \_\_\_\_\_

Player 4 Name \_\_\_\_\_

**3 CONTINUING EDUCATION:**

2 FREE CE HOURS  
November 7<sup>th</sup>, 2018 3:30PM

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

I understand I must arrive promptly by 3:30PM in order to get credit for attending the courses.

## PAYMENT INFORMATION

**Registration:**

Number of Member/Guest \_\_\_ x \$70 per person = \_\_\_\_\_

Number of Non Members \_\_\_ x \$85 per person = \_\_\_\_\_

**Golf Registration:**  Individual \$75  Team \$275

Sponsor a Hole \$100 Company Name for sign: \_\_\_\_\_

**TOTAL ENCLOSED:** \_\_\_\_\_ check enclosed \_\_\_\_\_ Bill my Visa MC Discover AMEX (circle one)

Name on Card: \_\_\_\_\_ Acct Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Send registration & payment to: MHISC, 1801 Gadsden Street, Columbia, SC 29201  
Fax to: (803) 771.7023 Or Email: awestmoreland@mhisc.com