



MHISC 50th ANNUAL CONVENTION
July 26 – 29, 2017
THE MARRIOTT
HILTON HEAD ISLAND, S.C.

REGISTRATION FORM

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

**IF YOU DO NOT RECEIVE EMAIL CONFIRMATION WITHIN 48 HOURS OF SENDING YOUR REGISTRATION, PLEASE CONTACT MHISC.*

NAMES OF PERSONS ATTENDING: (INCLUDING CHILDREN)	NAME ON BADGE :	CHILDREN'S AGE:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MHISC VOTING DELEGATE: _____

REGISTRATION FEES:

NUMBER OF PERSONS FROM YOUR COMPANY:	_____ X \$ 175 =	\$ _____
SPOUSES OR GUESTS:	_____ X \$ 150 =	\$ _____
NUMBER OF CHILDREN AGES 6 TO 15:	_____ X \$ 65 =	\$ _____
NUMBER OF CHILDREN 5 & UNDER:	_____ X \$ 40 =	\$ _____
NUMBER OF NON-MEMBERS:	_____ X \$ 275 =	\$ _____

TOTAL REGISTRATION FEES ENCLOSED: \$ _____

APPLICABLE REGISTRATION FEES MUST ACCOMPANY THIS FORM, PLEASE MAKE CHECKS PAYABLE TO MHISC.

PLEASE BILL MY: (CIRCLE ONE) VISA MASTERCARD AMEX DISCOVER

CARD NUMBER: _____

CCV CODE: (3 DIGIT CODE ON BACK) _____ BILLING ZIP CODE: _____

EXPIRATION DATE: ___/___/___ CHARGE AMOUNT: _____ SIGNATURE: _____

Fax: (803) 771.7023 Mail: 1801 Gadsden Street Columbia, SC 29201

Email: awestmoreland@mhisc.com

ROOM RESERVATIONS SHOULD BE MADE WITH THE MARRIOTT RESORT & SPA
 BY CALLING 843-686-8400