



2018 REGISTRATION FORM

(Print Clearly)

Name, as you would like it to appear on your name tag and the participant list

Second Individual's Name, if applicable

Billing Address

City, as you would like it to appear on your name tag State Billing Zip

Preferred Telephone Number

Email Address

REGISTRATION FEE(S) _____

All-inclusive Symposium Weekend _____ @ \$550 \$ _____

After December 31st _____ @ \$600 \$ _____

(\$200 is tax-deductible, as allowable by law)

Additional Tax Deductible Contribution: \$ _____

Benefiting the Preservation Society of Charleston

(a 501(c)(3) nonprofit organization)

GRAND TOTAL \$ _____

___ Check enclosed, payable to the **Preservation Society of Charleston**
with memo line reading **Charleston Heritage Symposium or CHS**

___ Credit card: Visa MasterCard American Express Discover

Account Number

Security Code

Exp. Date

Cardholder Name

Signature

Complete and mail with payment to:
Charleston Heritage Symposium
Post Office Box 891
Charleston, SC 29402