



2019 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 \$ _____

