



2022 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 _____ @\$600 \$ _____

AFTER December 31st, 2021 _____ @\$650 \$ _____

(\$300 is tax-deductible, as allowable by law)

Additional Tax-Deductible Contribution:

\$ _____

Celebrating the

10th Anniversary of the Charleston Heritage Symposium

(a 501(c)3 nonprofit organization)

GRAND TOTAL

\$ _____

___ Check enclosed, payable to the **Preservation Society of
Charleston** with memo line reading 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^[L]_[SEP]
Charleston, SC 29402