



SOUTH CAROLINA  
**EDUCATION + BUSINESS**  
SUMMIT

Registration Form (Participant or Presenter) for Payment by Check  
One Form Per Person

Complete form, print, and send with payment to:  
2022 Education and Business Summit  
PO Box 1358  
Columbia, SC 29202  
803-629-3755  
[info@ebsummit.info](mailto:info@ebsummit.info)

I am a (professional role)*			
Title	First Name*		
Last Name*		Middle Initial	
First Name for Name Tag*		Email Address*	
Professional Title*			
School or Organization/Business Name*		DIRECT	
School District*			
Home Address* 1 (do not use school or district address)			
Home Address 2 (do not use school or district address)			
City*		State*	Zip*
Primary Phone*		Secondary Phone	
Number of Participants included in this payment?*			
I certify I have read and agree to all Summit policies as presented at <a href="http://www.ebsummit.info">www.ebsummit.info</a> .*			
I will need ADA compliant assistance in the form of:			
Name of person completing this form:*			
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\*Required fields

After completing all required fields, print this form and mail with payment to address above.