

SEMINAR ENROLLMENT FORM

MAIL: EMPLOYERS ASSOCIATION OF S.C., PO BOX 9204, COLUMBIA, SC 29290
 PHONE: (803) 783-0368 FAX: (803) 783-3216 EMAIL: info@eascinc.com

Please type or print. Thank you.

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ FAX: _____ EMAIL: _____

AUTHORIZED BY: _____ TITLE: _____

(print name)

Confirmation, invoice, and reminders will be sent to the authorizing name unless noted otherwise.

PARTICIPANT	CLASS NAME	DATE	FEE
			\$
			\$
			\$
			\$
			\$
			\$

PLEASE DUPLICATE THIS SHEET FOR ADDITIONAL NAMES

TOTAL: \$

METHOD OF PAYMENT	EASC FEDERAL ID# 57-0845061
CHECK ENCLOSED	PAYABLE TO EASC
PLEASE BILL COMPANY	
VISA/MC	EX.
NAME	
PLEASE SEND INFORMATION ABOUT EASC	

CANCELLATION AND NO SHOW POLICY: A full refund will be given for cancellations prior to four working days before the scheduled program. A \$25 service fee will be assessed per registrant after this date. Registrants cancelling less than 48 hours prior to the program will be charged the full amount. The entire fee will apply to No Shows. Substitutions are welcome at any time.