

2010 Southeastern Collision Reconstruction Conference Registration Form

This conference is co-sponsored by

SCARS - SeARS - SCHP

Name _____

Address _____

City _____ State _____ Zip Code _____

Organization _____ ACTAR ?? If yes, ACTAR # _____

Email _____

(If different, the Name to appear on the Nametag & Certificate)

I wish to attend the 2010 Southeastern Collision Reconstruction Conference. I am attending as:

- A member of SCARS / SeARS / or the SCHP and have enclosed a fee of \$400.00 US Dollars
- A member of _____ law enforcement agency and have enclosed a fee of \$450.00 US Dollars
- Other and have enclosed a fee of \$500.00 US Dollars
- A vendor and have enclosed a fee of \$575.00 US Dollars (includes 1 table and registration for one (1). Extra Table - \$75.00. Extra personnel - Appropriate **member fee based on registration date.**

- Subtract **\$ 100.00** US Dollars from the above fees if postmarked **Before June 25, 2010.**

Please mail your fees along with this registration form to:

SCARS
P. O. Box 157
Pacolet, SC 29372

- ◆ The conference will be held at the Holiday Inn® hotel of Charleston - Mount Pleasant, SC. The room rates are \$100.00 + tax per night.
- ◆ The number at the hotel to make reservations is 843-884-6000, **BE SURE** to mention **SCARS** and/or the **Southeastern Collision Reconstruction Conference** when you make your reservations.