



2020 Education and Business Summit
 Registration Form (Participant or Presenter) for Payment
 by Check or Purchase Order
One Form Per Person

Complete form, print, and send with payment to:
 2020 Education and Business Summit
 PO Box 1358
 Columbia, SC 29202
 803-629-3755
info@ebsummit.info

I am a*			
Title	First Name*		
Last Name*			Middle Initial
First Name for Name Tag*		Email Address*	
Professional Title*			
School or Organization/Business Name*			
School District*			
Home Address* 1 (do not use school or district address)			
Home Address 1 (do not use school or district address)			
City*		State*	Zip*
Primary Phone*		Secondary Phone	
Current Member of SCACTE? *			
Participating in Educators in Industry? *			
Payment attached is a*			
Number of Participants included in this payment? *			
I certify I have read and agree to all Summit policies as presented at www.ebsummit.info .			
<i>*Required fields.</i>			
I will need ADA compliant assistance in the form of:			

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