

# SCIN Event Registration Form

SCIN Event: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Called: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Payment or cancellation must be received 1 week prior to class start date or a late registration /cancellation fee applies. A portion of the registration fee will be retained due to late or no cancellation notice.*

## Credit Card Payments

NAME ON CARD \_\_\_\_\_ Amount \$ \_\_\_\_\_

MC or VISA # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_

## Return Registration Information by:

**FAX:** Send this completed registration form to (843) 953-7633.  
This line is available 24 hours a day

**MAIL:** South Carolina Investor Network  
c/o Tate Center for Entrepreneurship  
College of Charleston  
66 George Street  
Charleston SC 29424

**E-MAIL:** TateRegistration@cofc.edu  
*Please include all of the information outlined on this registration form, including event name and date.*

