

2024 SCAHAM SPRING WORKSHOP

Registration Form

Advanced registration is encouraged

Name: _____

Title: _____

Company: _____

Mailing Address: _____

Telephone: _____

Email: _____

☐ \$60 Member

☐ \$75 Non Member Guest

☐ \$50 Student (with ID)

Please make checks payable to **SCAHAM**

Mail To:

SCAHAM TREASURER

P.O. BOX 566

UNION, SC 29379

Please contact Magen Craig for questions regarding registration at:

MCraig@srhs.com

864-301-2679

Or pay online at www.scaham.org

*Registration fees are refundable
if providing more than 48-hour cancellation notice.