

# 2009 EDUCATION AND BUSINESS SUMMIT

## A SCDE-APPROVED CERTIFICATE RENEWAL EVENT

### GREENVILLE'S CAROLINA FIRST CENTER

#### JUNE 21-25, 2009

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

School/Business Name \_\_\_\_\_

School/Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SCACTE Member?  yes  no (If "yes," please check the appropriate Division or Divisions.)

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture Education Association of SC                    | <input type="checkbox"/> SC Career Guidance and Placement Association                   |
| <input type="checkbox"/> Career and Technology Education Administrators             | <input type="checkbox"/> SC Health Science Technology Educators                         |
| <input type="checkbox"/> Marketing Education Association of SC                      | <input type="checkbox"/> SC Special Needs Division                                      |
| <input type="checkbox"/> SC Association of Teachers of Family and Consumer Sciences | <input type="checkbox"/> SC Technology Education Association                            |
| <input type="checkbox"/> SC Business Education Association                          | <input type="checkbox"/> SC Engineering and Industrial Technology Education Association |

#### CERTIFICATE RENEWAL (Educators in Industry Courses)

Are you interested in attending the 2009 Education and Business Summit to earn certificate renewal credit? Please indicate your course preference below. Prior approval from your district may be required. Please note the required seminar on Sunday afternoon, June 21, 2009, at 1:00 p.m. and the requirement to attend the Summit pre-conference sessions. Additional certification information details are provided in this document, and any related questions should be directed to Wofford O'Sullivan at 803-734-8564.

Educators in Industry  \*Educators in Industry, Advanced  \*Educators in Industry, Implementation

\*Prerequisite course(s) required.

*NOTE: Each EBS attendee may accumulate recertification units toward credential renewal if approval has been granted by the educator's district as part of the Personal Professional Development Plan. Session verification stickers may be affixed to your personal Summit tracking card. Prior to leaving the Summit, you will submit your recertification units verification documentation (tracking card) for a verification letter to provide to your district.*

**SUMMIT REGISTRATION FEE: POSTMARKED BEFORE JANUARY 1, 2009 (\$80.00); JANUARY 1-JUNE 15, 2009 (\$90.00);**

**ON-SITE REGISTRATION FEE (\$100.00)**

Conference registration fee includes the Summit program, Summit materials, Sunday's reception, continental breakfasts, lunches, and afternoon breaks Monday through Wednesday. Please make checks, money orders, or purchase orders PAYABLE TO USC. A confirmation will be mailed upon receipt of your paid registration.

<b>ENCLOSED FEES</b>	Summit Registration (Postmarked before January 1)	\$80.00	\$ _____
	Summit Registration (Postmarked January 1-June 15)	\$90.00	\$ _____
	Summit Registration (On-Site)	\$100.00	\$ _____

2009 SUMMIT PARKING AT THE CAROLINA FIRST CENTER is available at no cost to you.

Note: **REGISTRATION FEES ARE NONREFUNDABLE.** TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_ \*\*

\*\*Districts/Schools may use credit cards, checks, and/or purchase orders to pay registration expenses.

VISA  MasterCard  Discover Card Acct. # \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature (Required): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Credit card registrations may be completed by FAX transmission. Please transmit completed registration form with method of payment to 803-777-3035. The USC Federal Tax I.D. number is 57-6001153.

Registration will be on a first-come basis. Participants are encouraged to register by January 1, 2009, to take advantage of registration fee savings. Inquiries regarding registration should be made by calling 803-777-1515. Payment (check, purchase order, or money order) must be attached to a completed registration form. Participants' registration forms must accompany the purchase order and must list the participant(s) on the purchase order. Incomplete registrations will be returned. Purchase orders will be billed for all persons registered, regardless of their attendance.

MAIL REGISTRATION FORM AND PAYMENT TO: **2009 Education and Business Summit**  
**University of South Carolina**  
**240 Wardlaw**  
**Columbia, South Carolina 29208**

Please check if appropriate.

I am disabled and may require assistance from conference staff.

**DUPLICATE THIS FORM AND DISTRIBUTE AS NEEDED**  
**OR VISIT <http://www.ebsummit.info>**

ENRL \_\_\_\_\_ LOG # \_\_\_\_\_ MTH \_\_\_\_\_ APPVL \_\_\_\_\_ REC # \_\_\_\_\_ RFDATE \_\_\_\_\_