

**2010 EDUCATION AND BUSINESS SUMMIT
A SCDE-APPROVED CERTIFICATE RENEWAL EVENT
GREENVILLE'S CAROLINA FIRST CENTER
June 27-July 1, 2010**

Name _____
 E-mail Address (required) _____ @ _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Phone () _____ - _____ Work Phone () _____ - _____
 School/Business Name _____
 School District (if applicable) _____
 SCACTE Member? ___yes ___no (If "yes," please check the appropriate Division or Divisions.)
 ___Agriculture Education Association of SC ___SC Career Guidance and Placement Association
 ___Career and Technology Education Administrators ___SC Health Science Technology Educators
 ___Marketing Education Association of SC ___SC Special Needs Division
 ___SC Association of Teachers of Family and Consumer Sciences ___SC Technology Education Association
 ___SC Business Education Association ___SC Engineering and Industrial Technology Education Association

CERTIFICATE RENEWAL (Educators in Industry Courses)

Are you interested in attending the 2010 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 27, 2010, 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, 2010 (\$80.00); JANUARY 1-JUNE 15, 2010 (\$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.

ENCLOSED FEES	Summit Registration (Postmarked before January 1)	\$80.00	\$ _____
	Summit Registration (Postmarked January 1-June 15)	\$90.00	\$ _____

2010 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, 2010, 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: 2010 Education and Business Summit
 University of South Carolina
 252 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>