SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

2014 Fall Webinar Registration Form

Date: _____

Time:

Please complete the information below and return to SCDCA by 5:00 pm the day before the scheduled Webinar. This is a fillable form- please type directly onto it.

Organization Name: _____
Contact Person: _____
E-mail Address: _____

_____

The sign in information and viewing instructions will be sent to this email address. Please share with those will be attending the webinar from your organization.

Within 5 days of the WEBINAR, please send the list of participants on the Notarized Attendance form.

Questions/Issues Please submit any questions/issues you would like addressed during the teleconference.

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_____

Fax Registration Form To:
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Or E-Mail To:
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