## South Carolina Fertilizer & Agricultural Association Summer Convention Registration Form August 3-5, 2025: The Ritz-Carlton Reynolds, Greensboro, GA

INSTRUCTIONS: Please clearly print or type. Return this form with payment by <u>July 1, 2025</u>

nme  Idress				Email address			
			City		Stat	e Zip	
Company Name			Telephone				
FORMA	TION						
EN REC	SISTRA	TION II	NFORMA <sup>.</sup>	TION			
					AGE	_	
					AGF		
						<del></del>	
					AGE	_	
REGIS	TRATIO	N FEES					
Early	Late	Price	Number	Amount			
\$275	\$300						
\$175	\$200						
\$100	\$140						
\$ 70	\$100						
\$ 40	\$ 70						
Free							
\$150	\$160						
	REGIS Early \$275 \$175 \$100 \$ 70 \$ 40 Free	REGISTRATIO           Early         Late           \$275         \$300           \$175         \$200           \$100         \$140           \$ 70         \$100           \$ 40         \$ 70           Free	REGISTRATION FEES           Early         Late         Price           \$275         \$300         \$175         \$200           \$100         \$140         \$70         \$70           \$ 40         \$70         Free         Free	REGISTRATION INFORMATION	City	City   State	

Complete this registration form and return with your check or credit card information (over) to:

SC Fertilizer & Agrichemical Association (SCFAA) PO Box 1241, Aiken, SC 29802.

You may also register online (<a href="www.scfaa.org/summer-convention">www.scfaa.org/summer-convention</a>). Advanced registrations are due by July 1, 2025. Registrations made after July 15 will be subject to late registrations fees.

Refund Policy: Full refund of convention registration fees will be made if requested by <u>July 1, 2025.</u>

Questions: Email: SCFAA0@outlook.com or call 803-300-1031.

## **SC Fertilizer & Agrichemical Association**

To pay with your credit card, please complete and return this form along with your convention registration form.

Method of Payment (circle one):		Visa	MasterCard	American Expr	ess
Security Code:	<del></del>		Expiration Date	e:	
Card Number:					
Name on the card: _				<del></del>	
Billing Address:					
	Street or PO B	Box			
	City		State	Zip	
Amount to be charge	ed: \$				
Signature:					