

INDIVIDUAL PREFERENCES FORM for SPONSORS

Each individual registering as part of your organization will need to fill out and submit the following form. This ensures that we have basic contact info for all registrants and provides a way for every individual to select meal options and list any special considerations.

Sponsoring Organization:

First Name: Last Name:

Title:

E-Mail:

Phone:

- | | | |
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| Will you have your own vehicle during the conference? | YES | NO |
| If so, would you be willing to assist with rides if necessary? | YES | NO |
| Will you be attending the opening reception? | YES | NO |
| Are you interested in attending the post-conference music performance? | YES | NO |

If you will be attending the dinner banquet, please circle your main entree choice and list any special dietary needs or restrictions.

Beef Salmon Vegetarian

Dietary Restrictions:

Do you have any other special needs or require any special accommodations? If so, please describe.

If you have any questions or concerns about such needs, please contact Liz Klimek at liz.klimek@scmuseum.org or 803-898-4985