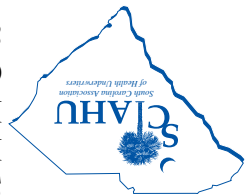


www.scahu.org
 803-252-7128
 Columbia SC 29211
 PO Box 11662
 Health Underwriters
 SC Association of



SCAHLU Symposium

★ **Members Receive \$35 All Star Rate**

Tuesday, March 30 • 6 CE applied for

7:30 – 8:30 am	Awards Breakfast
8:30 – 8:50 am	Welcome
8:50 – 9:40 am	Federal Update
9:40 – 10:40 am	Break with Exhibitors
10:40 – 11:30 am	Gubernatorial Panel
11:30 – 12:20 pm	Responding to An Aging Population
12:20 – 1:30 pm	Lunch w/ Exhibitors
1:30 – 2:30 pm	Prevention is Best
2:30 – 3:00 pm	Break w/ Exhibitors
3:00 – 3:50 pm	Gubernatorial Panel
3:50 – 4:00 pm	Break w/ Exhibitors
4:00 – 4:50 pm	Selling in 30 Seconds

Wednesday, March 31 • 3 Ethics applied fo

8:30 – 9:20 am	Continental Breakfast
9:20 – 11:00 am	How Ethical Are You?
11:00 – 11:10 am	Break
11:10 – 12:00 pm	How Ethical Are You?

**All star Life UP
 2010**

FEDERAL UPDATE - JANET TRAUTWEIN • GUBERNATORIAL PANEL - ALL CANDIDATES INVITED • WHAT IT TAKES TO BE "SUPER" IN YOUR SUPERBOWL COMMERCIAL - ROBERT STEELE, FORMER DALLAS COWBOY • HOW ETHICAL ARE YOU? • PREVENTION IS BEST • RESPONDING TO AN AGING POPULATION



**March 30-31, 2010 SCAHU Symposium
Columbia Metropolitan Convention Center
Attendee Registration Form**



Name _____ Designation _____
(as it appears on your insurance license)

Company _____

Address _____

City/St./Zip _____

Phone _____ Fax _____

E-mail _____

Check one: _____ Agent/Broker _____ Company Rep _____ Other

2010 Attendee Registration Rates

March 30 Member Registration:	\$35	\$ _____
Number of additional member attendees:	_____ x \$ 35	\$ _____
<i>Each additional attendee must register on the same form.</i>		
March 31 Member Registration (3 hour Ethics):	\$35	\$ _____
Number of additional member attendees:	_____ x \$ 35	\$ _____
<i>Each additional attendee must register on the same form.</i>		
Non-Member:	\$200	\$ _____
Number of additional Non-member Attendees:	_____ x \$200	\$ _____
Late Fee - registration after March 15	\$ 50	\$ _____
TOTAL		\$ _____

Circle the appropriate day each attendee will attend

Name _____	Both	March 30	March 31	Designation _____
Name _____	Both	March 30	March 31	Designation _____
Name _____	Both	March 30	March 31	Designation _____
Name _____	Both	March 30	March 31	Designation _____
Name _____	Both	March 30	March 31	Designation _____
Name _____	Both	March 30	March 31	Designation _____

Payment Information

___ Check enclosed ___ Please run my credit card: MC VISA AE

Card Number _____ Exp Date _____ CVV Number _____

Billing Address/City/St./Zip _____

Cancellation Policy: No refunds will be given.

Make your room reservation for March 30-31 SCAHU Symposium. Hilton Hotel across the street from the Columbia Metropolitan Convention Center is offering a discounted rate of \$149.
Call 803-744-7800 by **February 15** to receive the discounted rate.

Mail your completed registration to PO Box 11662, Columbia SC 29211 or **fax** to 803-252-7799 or register **on-line** at www.scahu.org. Questions??? Call 803-252-7128.