128th SUMMER CONVENTION REGISTRATION FORM

MARRIOTT RESORT & SPA AT GRANDE DUNES + 8400 COSTA VERDE DRIVE, MYRTLE BEACH SC + JUNE 7 – 9, 2026

FIRM / COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

FULL REGISTRATION *Includes Welcome Reception, Breakfast Tuesday & Wednesday, passing the Gavel Ceremony, All Seminars*	**EARLY BIRD**	**AFTER MAY 22, 2026**	**AMOUNT**
_____ **SCFDA Member**	**430.00**	**480.00**	_____
_____ **Guest—NO CE** (with PAID member registration)	**295.00**	**345.00**	_____
_____ **Non-Member**	**595.00**	**645.00**	_____
_____ **Non-Registrants—**Passing the Gavel (15yrs +)	**95.00**	**120.00**	_____
—Passing the Gavel (11-14yrs)	**45.00**	**70.00**	_____
_____ **Heritage Supporter*** ..... **Show your support of our SCFDA Past Presidents. Your Firm / Company will appear on our Sponsor Board.*	**125.00**	***	_____

ONE DAY REGISTRATION *Includes Breakfast One-Day, Passing the Gavel Ceremony, One Day of Seminars*	**EARLY BIRD**	**AFTER MAY 22, 2026**	**AMOUNT**
_____ **SCFDA Member**	**270.00**	**320.00**	_____
_____ **Non-Member**	**435.00**	**485.00**	_____

TOTAL AMOUNT ENCLOSED ..... **TOTAL:** _____

REGISTRATION - *Name Badge Information*
Please circle registration category below: F - Full Registration M - Monday Only T - Tuesday Only

_____ **F M T** _____ **F M T**

_____ **F M T** _____ **F M T**

_____ **F M T** _____ **F M T**

***Please return registration with CHECK or CREDIT CARD by May 29, 2026 to*:** *SCFDA - PO Box 1350 - Mt. Pleasant SC 29465*
p.843-881-3634 - f.843-881-3659 - rion@scfda.org

PAY BY CREDIT CARD:
AMEX VISA MC _____ Exp. _____ CVV/CID. _____ Amt. _____
**Please note, a 3% processing fee will be applied to all credit card transactions. Registrations are non-refundable due to commitments we make with the hotel.*

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2026 GOLF REGISTRATION FORM THE BILL McCLARY MEMORIAL GOLF TOURNAMENT

GRAND DUNES GOLF + 8700 GOLF VILLAGE LANE, MYRTLE BEACH SC + MONDAY, JUNE 8, 2026, 1:00 PM

Please provide the following information (make additional copies of this form for each player): *Golf is included with your Convention Registration. *FOR THOSE ONLY PLAYING GOLF, THE FEE IS $150 / PERSON PAYABLE TO SCFDA.*

NAME _____ FIRM / COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

CELL PHONE _____ HANDICAP / AVERAGE _____

EMAIL _____

***Please return golf registration form by Friday, May 29, 2026* – SCFDA Past Presidents Dwayne Josey & Doug McDougald are co-chairs for the tournament. Contact Dwayne: dwdjosey@gmail.com, 864-980-5728 or Doug: doug@mcdougaldfuneralhome.com, 864-844-2642**