

SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

Fall Webinar Registration Form

Date: _____

Time: 2:00 – 3:30 P.M.



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 Attendance Form.

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

Fax Registration Form To:
803-734-4229

Or E-Mail To:
SStaley@scconsumer.gov

