Associate Members Luncheon

Thursday, February 29, 2024, 10:30 a.m.
Cooperative Conference Center
169 Laurelhurst Ave | Columbia, SC

Full name of person completing form: _____
Full name (example: William J. Smith Jr.) ☐ Mr. ☐ Ms. ☐ Dr.

Title: _____
☐ New

Utility name: _____

Preferred phone: _____
☐ New Type: ☐ Business ☐ Municipal ☐ Mobile

Email address: _____
☐ New

Attendees *(Please print)*

First and last name	Job title

Copy this form for additional attendees.

Register online at www.masc.sc or send completed form by Thursday, February 22. Email to kbethel@masc.sc or mail completed form to SCAMPS, PO Box 12109, Columbia, SC 29211

For questions, contact Kailin Bethel at kbethel@masc.sc or 803.933.1276.