

South Carolina Business Week

1301 Gervais Street, Suite 1100
Columbia, SC 29201

Please return this form, your completed Media Release Form, your signed Code of Conduct Form, and your \$50 registration payment by Friday, May 13th. Checks should be made payable to S. C. Business Week and mailed to address above.

PLEASE PRINT THE INFORMATION BELOW UNLESS NOTED

Student Name	SHIRT SIZE (for BW T-shirt)	e-mail address
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Mailing Address	City	Zip Code	Phone #
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Names of preferred roommates (if any)

Parent/Guardian Name	e-mail address
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Address If Different From Student

Day Phone	Night Phone	Cell Phone
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I have read the South Carolina Business Week and Presbyterian College Rules and agree to abide by them. I understand that if I am found to be in violation of the rules, I could be expelled from the program and campus and returned home at my guardians' expense.

Student Signature: _____

Parent Signature: _____

(See other side)

HEALTH INFORMATION

Name of Student's Doctor _____
Phone Number _____

Health Insurance Carrier _____

Policy Number _____

Allergies _____

Special Food Needs _____

Known Medical Conditions _____

Current Prescriptions _____

PARENTS:

Please initial if you wish to give Business Week Staff permission to dispense to your child, if necessary, over-the-counter medication such as Tylenol, Advil, cough medicine, eye drops, etc.
Yes _____ No _____ Parents/Guardians initials _____.

If your son/daughter develops a physical issue requiring treatment during Business Week, we will contact you to approve treatment or request you pick up him/her.