



NAME: _____ EMAIL: _____

COMPANY: _____ CELL #: _____

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(Contact you in case of emergency)

CONFERENCE REGISTRATION

Registration 10/17/2026 or after)

☐ ATTENDEE REGISTRATION:

Member	Non-Member
☐ \$210	☐ \$260

☐ WEASC LIFE MEMBER REGISTRATION

**Must be a recognized WEASC Life Member*

WEASC LIFE Member

☐ \$100

Is this your first-time attending OPC? ☐ Yes ☐ No

Guest Registration will be available on-site at \$50 per event for each guest.

MAKE PAYMENT BY CREDIT CARD OR CHECK: (WEASC Tax ID# 57-0725845)

☐ Visa ☐ MasterCard ☐ Discover ☐ AmericanExpress ☐ Check# _____ payable to WEASC

Credit Card Number: _____ Expiration Date: _____ CVV Code: _____

Billing Address: _____
Street City State Zip

Signature _____ Amount \$ _____

"I authorize WEASC to charge my credit card for conference registration fees as indicated."

Email address for credit card receipt: _____

Online registration is encouraged. If paying by credit card, form may be faxed to (803) 358-0646

Cancellations prior to October 16, 2026, will be granted a full refund minus 20% admin fee. Refunds will not be given after this date.

Substitutions are permitted with proper notifications.

Mail registration & payment to: WEASC - 113 Business Park Dr., Lexington, SC 29072

Registrations by mail must be received by October 23, 2026

Questions? 803-358-0658