

PARTICIPATE NAME \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_  
 COLLEGE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 MAIN PH NO \_\_\_\_\_ (C/W/H) FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ COLLEGE OFFICIAL WEBSITE \_\_\_\_\_

CHECK AREAS OF INTEREST				
✓	DESCRIPTION	COST (A)	QUANTITY (B)	TOTAL COST OF ITEM (AXB)
✓	<b>Reserve Exhibition Area</b> (Includes 8' Table + 2 Chairs)	<b>\$200</b>		
	<b>¼ Page Program Book Ad.</b> My Person of Contact (POC) for this ad is BELOW.	<b>\$50</b>		
	<b>PARTIAL SC HOBY Ambassador Scholarship.</b> The POC for payment is BELOW.	<b>\$200</b>		
	<b>FULL SC HOBY Ambassador Scholarship.</b> The POC for payment is BELOW.	<b>\$350</b>		
	Our University will donate <b>PROMOTIONAL ITEMS</b> to be used as Seminar Give-A-Ways during seminar weekend. Mail to address below. Items must be received by JUNE 15 in order to receive full benefits of weekend marketing with SC HOBY Program!			

IF YOU NEED **EXTRA SET-UP TIME**, PLEASE CONTACT [SCHOBYORG@GMAIL.COM](mailto:SCHOBYORG@GMAIL.COM). SET UP TIME IS FROM 8:00-8:30 AM ON FRIDAY. JUST EMAIL US AND LET US KNOW THAT YOU WILL ARRIVE EARLY.

T-SHIRT SIZE (PLEASE CIRCLE ONE) - S M L XL XXL XXXL | TOTAL DONATION: \$ \_\_\_\_\_

CONTACT INFORMATION FOR AD DESIGN:		CONTACT INFORMATION FOR PLEDGE PAYMENTS:	
NAME: _____	EMAIL: _____	NAME: _____	EMAIL: _____
PHONE (W/H): _____	PHONE (CELL): _____	PHONE (W/H): _____	PHONE (CELL): _____

## DONATION & PAYMENT DETAILS

### 1. METHOD OF PAYMENT:

CHECK  PLEDGE (PAY LATER)  CREDIT CARD (COLLEGE CALL 336-312-1426 TO PROCESS CC)   
 CREDIT CARD (COLLEGE TO SEND INFO W APPLICATION)  CREDIT CARD (HOBY WILL SEND INVOICE W LINK TO PROC CC)

### 2. WE ACCEPT:



### 3. CHECKS: MAKE PAYABLE TO "SC HOBY"

### MAILING ADDRESSES

#### USPS | UPS | FEDEX:

SC HOBY HOME OFFICE  
 ATTN: COLLEGE & CAREER FAIR  
 322 PINELAND MEADOWS RD | BELTON | SC | 29627  
**FAX:** (864) 752-0701  
**SCAN & EMAIL:** [SCHOBYORG@GMAIL.COM](mailto:SCHOBYORG@GMAIL.COM)

CREDIT CARD NO _____	TYPE: VISA _____ MC _____ DISC _____
NAME ON CARD _____	EXP DATE _____ SECURITY CODE: _____
BILLING ADDRESS _____	CITY _____ ST _____ ZIP CODE _____

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