



# CHARLESTON SYMPOSIUM

PRESERVATION SOCIETY OF CHARLESTON

## 2025 REGISTRATION FORM

*(Print Clearly with a ball point pen)*

\_\_\_\_\_  
Name, as you would like it to appear on your name tag and the participant list

\_\_\_\_\_  
Second Individual's Name, if applicable

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City, as you would like it to appear on your name tag    State    Billing Zip

\_\_\_\_\_  
Preferred Telephone Number

\_\_\_\_\_  
Email Address

### REGISTRATION FEE(S)

All-inclusive Symposium Weekend \_\_\_\_\_ @\$650 \$ \_\_\_\_\_

**AFTER December 31st, 2024** \_\_\_\_\_ @\$700 \$ \_\_\_\_\_

*(\$350 is tax-deductible, as allowable by law)*

Additional Tax-Deductible Contribution:                      \$ \_\_\_\_\_

*(a 501(c)3 nonprofit organization)*

**GRAND TOTAL \$** \_\_\_\_\_

\_\_\_ Check enclosed, payable to the **Preservation Society of Charleston** with  
memo line reading Charleston Symposium or CS

\_\_\_ Credit card:

Visa    MasterCard    American Express    Discover

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Account Number

Security Code

Exp Date

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Cardholder Name

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Signature

Complete and mail with payment to:

**Charleston Symposium**

**Preservation Society of Charleston**

**147 King Street**

**Charleston, SC 29401**