



## Associate Members Luncheon

Wednesday, March 19, 2025, 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](http://www.masc.sc) or send completed form by Friday, March 7. Email to [swalters@masc.sc](mailto:swalters@masc.sc) or mail completed form to SCAMPS, PO Box 12109, Columbia, SC 29211

For questions, contact Susan Walters at [swalters@masc.sc](mailto:swalters@masc.sc) or 803.933.1276.