

COLUMBIA HOSPITAL SCHOOL NURSING ALUMNAE 21ST BIENNIAL REUNION



*Embassy Suites Hotel*

*200 Stoneridge Dr.*

**Columbia South Carolina**

**Friday, August 16, 2024 –Sunday, August 18, 2024**

REGISTRATION FORM

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Last Name	First Name	Maiden Name
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Address	City	State	Zipcode
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**E-mail address**

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Year Graduated	Class	Home Phone	Cell Phone
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Registration Fee	Individual Active Paid Member	\$300.00
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Registration Fee	Individual Inactive Non -Paid Member	\$355.00 (Include Membership Dues and Late Fee).
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Individual Guest (non member) Fee \$150.00

**Registration Fee may be paid by installments but final payment must be paid No Later than June 1, 2024 by check or money order payable to CHSNAA.**

**Mail Completed Registration Form and Registration Fee to:  
Columbia Hospital School of Nursing Alumnae Association (CHSNAA)  
Post Office Box 3566  
Columbia, South Carolina 29230**

**Additional Information:**

(Installments and/ or deposits for Registration are accepted and payable to CHSNAA anytime, beginning November 1, 2023 until June 1, 2024 when the final payment must be paid.)

Send all installments to the above address.

Please note on your check or money order whether payment is an installment/deposit.