

GHM CLINIC AUDIT APPLICATION
SEPTEMBER 1-3 2017
SCEP
443 CLEVELAND SCHOOL RD
CAMDEN SC 29020

NAME: _____

Address: _____

WHICH DAY OR DAYS: _____

Cost: \$90 per day per person

PLEASE MAIL CHECK TO: FAST PACE PRODUCTIONS
4106 Arbor Keats Dr
Simpsonville, SC 29680

CHECK WILL
SERVE AS YOUR RECEIPT
CREDENTIALS WILL BE AVAILABLE THE DAY OF IN THE OFFICE

THANK YOU FOR YOUR INTEREST. You will not be disappointed!!

Sherry Pace
803-420-2633 text/call

No checks will be accepted after July 15, 2017

Cash only if
You choose to purchase the day of. No checks or debit/credit cards will be accepted.