

Registration Form (Participant or Presenter) for Payment by
Check.



One Form Per Person

Complete form, print, and send with payment to:

- Early Participant Registration - January 1 to May 8, 2026: \$275.00
- Presenter #1 on presentation - No Charge (**K-12 school or district employees only**)
- Presenters #2 and #3 on presentation: \$275.00
- Commercial Presenters: \$275.00
- All Participant (including commercial) Registration – After May 8, 2026: \$325.00.

2026 Education + Business
Summit

PO Box 1358
Columbia, SC 29202
803-629-3755

info@ebsummit.info

2026 Education + Business Summit
June 15-18, 2026
Charleston Area Convention Center

First Name*		Middle Initial			
Last Name*					
First Name for Name Tag*			Email Address*		
Professional Title*					
Professional Role*	<input type="checkbox"/> Career Center Directors	<input type="checkbox"/> District CTE Directors	<input type="checkbox"/> Regional Career Specialists	<input type="checkbox"/> School Principals	<input type="checkbox"/> Assistant Superintendents
	<input type="checkbox"/> Career Counselors	<input type="checkbox"/> Educator	<input type="checkbox"/> School Counselors	<input type="checkbox"/> Superintendents	<input type="checkbox"/> Other
School or Organization/Business Name*					
School District*					
Home Address* 1 (do not use school or district address)					
City*		State*		Zip*	
Primary Phone*					
Primary Cluster (please check one)					
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Construction	<input type="checkbox"/> Arts, Entertainment & Design	<input type="checkbox"/> Management & Entrepreneurship	<input type="checkbox"/> Education	
<input type="checkbox"/> Energy & Natural Resources	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Public Service & Safety	<input type="checkbox"/> Health & Human Services	<input type="checkbox"/> Digital Technology	
<input type="checkbox"/> Advanced Manufacturing	<input type="checkbox"/> Marketing & Sales	<input type="checkbox"/> Supply Chain & Transportation	<input type="checkbox"/> Other		
Number of Participants included in this payment? *					
I certify I have read and agree to all Summit policies as presented at www.ebsummit.info *				Initial	
I will need ADA compliant assistance in the form of:					
Name of person completing this form: *					
Email address of person completing this form: *					
I am a presenter , and my log number is:					

*Required fields

After completing all required fields, print this form and mail with payment to the address above.