

# SOUTHEASTERN REGIONAL MOTORCOACH OPERATORS

**November 15-17, 2020**  
**Beach Cove Resort**  
**North Myrtle Beach, SC**



**Registration**  
**Deadline: October 23**

**Hotel Reservation**  
**Deadline: October 23**

NAME OF COMPANY: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

*Please check Association(s) membership (or state) that applies below:*

AMA                       GMOA                       NCMA                       TMCA                       Kentucky  
 FMA                       MCASC                       SCMA                       VMA                       West Virginia

Special dietary requirements (specify): \_\_\_\_\_

**Registration Fee:** \$80 per person or Zoom fee: \$40      **Hotel room rate:** \$100.80, single rate  
(Includes Breakfast)

To reserve your room at the Beach Cove Resort, please call 888-974-5531. Identify yourself as a participant of the Southeastern Regional Motorcoach Operators Coalition meeting to receive the group rate. CHECK ALL ITEMS BELOW THAT APPLY TO YOU.

Name	Sunday Education Sessions 3:00-5:15	Sunday Dinner 810 Billiards & Bowling Board Coach 6:00	Monday Education Sessions 8:30-11:45	Monday Lunch 12:00	Monday Education Sessions 1:15-4:00	Monday Dinner at The Original Benjamins and Show at The Carolina Opry Board Coach at 4:30	Tuesday Education Sessions 8:45-12:15

Sponsor/Door Prize (specify): \_\_\_\_\_

Number of Persons (including spouse participating in meals)	X	\$80 per person	=	Total	_____
Zoom Opportunity	X	\$40 per person	=		_____

**Complete and mail form along with your check to:**  
**Southeastern Coalition**  
**c/o Linda Morris**  
**106 Main St., Brookneal, VA 24528**

**You may FAX your form to 866-376-1156 to keep a copy and mail your check payable to Southeastern Coalition. You may also pay with credit card.**

**Questions: 336-495-4970.**

You may pay by credit card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Don't delay! Register today!** Refunds will be honored for cancellations in writing until **October 23**.  
 Fax is acceptable.

[Duplicate this form](#) if necessary to register all persons attending from your company.