



**STAYIN' ALIVE IN '05**  
*Insurance Women of South Carolina*  
*2005 State Meeting*

Greenville and Piedmont are busy preparing for the 2005 State Meeting and we want all of you to join us in September!

The meeting will be held September 16 and 17 at the Westin Poinsett Hotel in beautiful downtown Greenville. Downtown Greenville is loaded with great shops, great restaurants and the beautiful Reedy River.

The deadline for reservations at the hotel is September 6, 2005. Before this deadline, tell them you're with the Insurance Women and you can get a King or Double room for just \$99! (You can have up to four individuals in a double room.) You may call the Westin Poinsett at 864-421-9700.

Please note that the hotel charges \$6.00 per day for self-parking or \$12.00 per day for valet parking so you may want to carpool.

Please take a look at two great courses being offered on Friday (attached). This is an excellent chance to get some CE credits. Even non-members and people who aren't attending the conference can attend the classes so pass the word!

We'll begin with our Stayin' Alive theme Friday night at our Welcome Party with a great 70's night! Wear your favorite vintage 70's clothes and you may win a prize!

The theme takes a different turn Saturday night as we celebrate breast cancer survivors who are Stayin Alive in 05! Join us at the pink, black and white ball in your semi-formal and formal attire as we dance to the sounds of Radio Society, a great Greenville-based band.

Our State Director has lots planned during the day Saturday, including the always spectacular CWC competition.

You don't want to miss this State Meeting! It's gonna be groovy, baby so make plans to join us!

Stephanie R. Manley  
State Meeting Chair  
(864) 458-7887  
[smanleyrmc@aol.com](mailto:smanleyrmc@aol.com)

# INSURANCE WOMEN OF SOUTH CAROLINA

## 2005 STATE MEETING

### Registration Form



### **STAYING ALIVE IN 05**

September 16 – 18, 2005

Full Name, include designations: \_\_\_\_\_

First Name for Badge: \_\_\_\_\_

Local Association: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

<input type="checkbox"/> Delegate	<input type="checkbox"/> Alternate Delegate	<input type="checkbox"/> Association President	<input type="checkbox"/> State Director	<input type="checkbox"/> Assistant
<input type="checkbox"/> Exhibitor	<input type="checkbox"/> National Officer	<input type="checkbox"/> First Timer	<input type="checkbox"/> CWC Participant	
<input type="checkbox"/> Speaker	<input type="checkbox"/> Guest	<input type="checkbox"/> Gold Timer*	<input type="checkbox"/> DAE	<input type="checkbox"/> CPIW/CPIM
<input type="checkbox"/> Past State, Regional or National Officer – Office held and year _____				
<input type="checkbox"/> I will receive my CPIW/CPIM at this conference <input type="checkbox"/> Breast Cancer Survivor				
Menu Restrictions: _____				
Special Medical Needs: _____				

\*attended 10 or more state meetings

Fees:

Event	Cost	Number Needed	Total
Registration with meals-Member-before 9/1/05	\$110.		
Registration with meals-Guest-before 9/1/05	\$135.		
Registration with meals-Member-after 9/1/05	\$160.		
Registration with meals-Guest-after 9/1/05	\$185.		
<b>Individual Meal Prices</b>			
Friday Welcome Party	\$40.		
Saturday Breakfast	\$15.		
Saturday Lunch	\$20.		
Saturday Banquet	\$60.		
<b>Total Enclosed</b>			

Make Checks payable to: 2005 State Meeting

Please send Registrations to:  
 Marie McMahan, CIC, CPIW, AAI  
 C/o Arthur J. Gallagher & Company  
 P. O. Box 2860  
 Greenville, SC 29602

Work - (864) 239-2461      Fax - (864) 239-2435  
 marie\_mcmahan@ajg.com

Hotel reservations must be made directly with the Westin Poinsett – see letter for information.

**CALLING ALL FIRST TIMERS**

*Three \$100 cash prizes*

**COMPLIMENTS OF SOUTHERN RISK LLC**

**COME AND GET IT!**

*For those first timers who attended the State Meeting in FLORENCE last year, your name is already in the hat!!!*

*You get a second chance to add your name again by attending this year's State Meeting.*

*You get a third chance to add your name again by bringing a NEW first-timer with you.*

*You get a fourth chance to add your name again by serving on a State or Local committee.*

*First Timers at this State meeting - you add your name to the hat by attending and you also get a chance to add your name again by serving on a State or Local committee.*

*Please return this form to Carol Bond % Southern Risk, LLC P O Box 6097, Sumter, SC 29150*

*NAME \_\_\_\_\_ ASSOCIATION-----*

*First Timer in 2004 \_\_\_\_\_ First Timer in 2005 \_\_\_\_\_*

*Names of First Timers (2005) you are bringing with you \_\_\_\_\_*

*Served or Serving on the following committees (last year and this year) Show name of committee and the year served (2004-2005 or 2005-2006). Signature of President and/or State Director required OR have President and/or State Director e-mail confirmation to Carol Bond at [cbond@srisk.com](mailto:cbond@srisk.com)*

*We will draw three names from the hat and each will receive \$100 cash, compliments of Southern Risk, LLC. You can only win once!!!*

*Questions? Call Carol Bond at 800-833-4684 or [cbond@srisk.com](mailto:cbond@srisk.com)*

**GREENVILLE ASSOCIATION OF INSURANCE WOMEN  
AND  
INSURANCE WOMEN OF THE PIEDMONT**

**ARE SPONSORING**

**PIAM- LIABILITY**

**7 HOURS OF CREDIT**

**FREE TO MEMBERS \*\* NON MEMBERS \$145.00**

**FRIDAY, SEPTEMBER 16, 2005 – 1PM TO 5 PM  
SATURDAY, SEPTEMBER 17, 2005 – 1PM – TO 4PM**

**TAUGHT BY DIANA FINK  
PIAM,PCSR,PCA,CPSR,CPIW,LUTCF,CIC**

**INSURANCE FRAUD AWARENESS & SCAMS**

**3 HOURS OF CREDIT**

**FREE FOR NAIW MEMBERS \*\* \$30.00 FOR NON-MEMBERS**

**FRIDAY, SEPTEMBER 16, 2005 - 9AM TO 12PM**

**TAUGHT BY JOE HARDEN**

**MAIL WITH REGISTRATION FORM OR FAX TO SAMANTHA POSEY  
864-322-6913**

**PLACE  
WESTIN-POINSETT  
DOWNTOWN GREENVILLE**

.....  
**REGISTRATION FORM**

**CE CLASSES  
2005 SC STATE MEETING  
WESTIN-POINSETT**

**NAME:** \_\_\_\_\_

**BUSINESS NAME & ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**SOCIAL SECURITY:** \_\_\_\_\_

**AMOUNT ENCLOSED FOR NON MEMBERS \$ \_\_\_\_\_ PAYABLE TO SC STATE MEETING FUND**

**THIS FORM MAY BE DUPLICATED FOR MORE THAN ONE PERSON.**