SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

JUSTIFICATION FOR CONFERENCE SITE SELECTION FORM 138

Agency Name_____   **Conference Planner**_____

Street Address_____   **Telephone**_____ _____

City/State/Zip_____   **Name of Conference**_____

Conference Frequency_____

SITE SELECTION:

Hotel/Motel Name_____

Street Address_____

City/State/Zip_____

BASIS FOR SELECTION:

_____

_____

_____

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_____

OTHER HOTELS/MOTELS CONTACTED (attach a separate sheet if necessary):

(1) Name_____   **(2) Name**_____

    Street Address_____   **Street Address**_____

    City/State/Zip_____   **City/State/Zip**_____

(3) Name_____   **(4) Name**_____

    Street Address_____   **Street Address**_____

    City/State/Zip_____   **City/State/Zip**_____

LAST TWO HOTELS/MOTELS WHERE THIS CONFERENCE WAS HELD:

(1) Name_____   **(2) Name**_____

    Street Address_____   **Street Address**_____

    City/State/Zip_____   **City/State/Zip**_____

_____   _____
    Conference Planner's Signature   **Date**