

~~UNPREPARED~~



PLAN TO RECOVER

Businesses that never reopen following a disaster:



Source: Insurance Information Institute

25%

**Area Business
Disaster Recovery Symposium
January 29, 2016 8 a.m. - 1:30 p.m.**

Sheraton Myrtle Beach Convention Center Hotel

- 8:00 a.m. Registration and Coffee With Vendors
- 8:15 a.m. Welcome
- 8:30 a.m. Not If, But When It Happens Here - Ed Piotrowski, WPDE Chief Meteorologist
Shake, Rattle and Roll - Earthquake Exercise - Scott Brown, SC Emergency Management
- 9:15 a.m. Oh No! No Lights, No Phone, No Money, No Air Service, No Health Care -
When Will My Utilities and Services Be Available Again??? - MB International Airport, HTC, Grand Strand Regional Medical Center, Santee Cooper, Coastal Carolina University, Local Bank - Panel Discussion
- 10:00 a.m. Break with Vendors
- 10:15 a.m. You Need What??? Preparing for the Insurance Adjuster - Tim Clarke, Adair Horne Associates; Jim Errico, AON Solutions; John Chianese, VeriClaim Inc.
- 11:00 a.m. OMG...You'll Never Believe What Just Happened!!! - Social Media Messaging After the Disaster - Kevin Sur, Response and Recovery Directorate at FEMA
- 12:00 p.m. He's Back.... Using HAZUS Software to See Impacts if HUGO Hit Today - Allison Hardin and Bryan Lopez, City of Myrtle Beach Planning Department
- 12:15 p.m. Luncheon Buffet
- 12:45 p.m. Aligning Post-Disaster Business Recovery With the Whole Community - Robert Haywood, Federal Disaster Recovery, FEMA Region IV



Sponsored By



.....
REGISTRATION FORM

**Area Business Disaster Recovery Symposium
Sheraton Myrtle Beach Convention Center Hotel
January 29, 2016**

**Pre-Registration Fee: \$25 per person includes lunch and breaks
Pre-Registration Deadline: January 25, 2016
\$30.00 per person at the door**

**Please Complete Form Below and Return to:
City of Myrtle Beach Planning Department
Attn: Area Business Disaster Recovery Symposium
P.O. Box 2468
937 Broadway Street (Physical Address)
Myrtle Beach, South Carolina 29578**

Make Check Payable to the City of Myrtle Beach

If paying by Visa or Mastercard (Circle One):

Credit Card # _____ Security Code (3 digits): _____ Exp. Date: _____

Name Shown on Card: _____

Signature: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Name of Person Attending: _____

Name of Business: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Name of Person Attending: _____

Name of Business: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Name of Person Attending: _____

Name of Business: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____