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
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

CITY OF MYRTLE BEACH
SOUTH CAROLINA

MYRTLE BEACH AREA CHAMBER OF COMMERCE

EMERGENCY MANAGEMENT HORRY COUNTY, SC
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: ______________________________________

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