

# ***INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS***

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***P.O. Box 212486  
Columbia, SC 29221-2486***

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## **SOUTH CAROLINA CHAPTER 33**

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### **FOR IMMEDIATE RELEASE!**

The SCIAAI proudly announces its second offering of the recently updated IAAI's *Expert Witness Courtroom Testimony Course* in South Carolina. Course dates are May 5-7, 2010. The course will be held at the M.L. Brown Public Safety Building, 2560 Main St., Suite 1, Conway, SC 29526. The contact number there is (843) 915-5350. This course is accepted by the IAAI to meet the intent of item 26(B) under the "Other Experience" section of the IAAI-CFI Application.

There will be (8) slots available for this offering. Each slot will be filled on a first-come-first-served basis. SCIAAI member applicants will be given priority. Course fees are \$215 for SCIAAI members and \$365 for out-of-state applicants and non-SCIAAI members. Again, only eight slots are available for this offering, so register early. Course materials must be mailed out by March 19, 2010. This course requires participants to complete and submit pre-course assignments in preparation for their participation and in-course homework assignments. Plan on 2 ½ days of intense training. Course fees will cover lunch on Thursday. All other meals will be on your own.

Course facilitators and attorneys will be staying at the Comfort Suites At the University, 2480 US Hwy 501 East, Conway, SC 29526; (843) 347-9292. Rates start at \$75/night plus tax. For questions, call Rusty Horton at (803) 358-9093 or e-mail him at rustyhorton@scfbins.com. Make checks payable to the SCIAAI. Mail registration with check to: EWCTC Registration, 347 Kitti Wake Dr., West Columbia, SC 29170.

Because of the limited number of spaces available for this course, **payment is non-refundable after March 20, 2010**. Payment or PO is required at the time of registration. We cannot accept credit card payments. A waiting list will be maintained in the event that spots become available as of 3/20/10 and will be filled on a first-come-first-served basis as well.

**Registration Form**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

SCIAAI Member:  Non-Member:  Payment Enclosed: \$ \_\_\_\_\_