



SC Cord Connection Application

Business Name: _____

Contact Person: _____ Phone Number: _____

Address: _____

City: _____ State & Zip: _____

Email: _____ Fax: _____

Website: _____

Social Media (Facebook, Twitter, etc.): _____

Internet Only: Yes No

Year business started: _____ Injury Level: _____

Information about the business and products/services _____

Short bio about the owner (Include any relationship between SCI and nature of business)

The applicant acknowledges that the South Carolina Spinal Cord Injury Association reserves the right to refuse or remove a listing from SC Cord Connection for any reason or for no reason at all and that the listing in no way constitutes a contractual obligation, express or implied, by the SCSCIA to list or advertise any business, product, or service.

Please return to: South Carolina Spinal Cord Injury Association
136 Stonemark Lane, Suite 100, Columbia, SC 29210
info@scspinalcord.org Fax: 803-376-4156
Questions: 803-252-2198