2018 Annual Convention

June 27-29, 2018

Registration Form

Registration Deadline - May 29, 2018

NORTH CAROLINA AGGREGATES ASSOCIATION

THE WESTIN SAVANNAH HARBOR GOLF RESORT & SPA

One form per family

Copy this form as needed or additional copies can be downloaded from our web site at: *www.ncaggregates.org*

Please Print

Name: _____ Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Emergency Contract Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

List any SPECIAL NEEDS (i.e. food allergies, special diets, etc.): _____

For future planning, please check your age group: _____ 25-35 _____ 36-45 _____ 46-55 _____ 56-65 _____ Over 65

LIST THE NAMES OF THOSE ATTENDING BELOW

CHECK THE APPROPRIATE BOXES ON THE RIGHT indicating what functions each person will be attending. Thank You!

Type your name below as it needs to appear on your name badge
(Please indicate the age of the child after his/her name.

	WEDNESDAY			THURSDAY					FRIDAY	
	Associate Member Meeting	Opening Session/ Business Mtg	Welcome Reception	Breakfast	General Session	Lunch	Golf	Golf Handicap	Reception & Dinner	Breakfast
Name1: _____	☐	☐	☐	☐	☐	☐	☐		☐	☐
Name2: _____	☐	☐	☐	☐	☐	☐	☐		☐	☐
Name3: _____	☐	☐	☐	☐	☐	☐	☐		☐	☐
Name4: _____	☐	☐	☐	☐	☐	☐	☐		☐	☐
Name5: _____	☐	☐	☐	☐	☐	☐	☐		☐	☐

Registration Fees:

The hotel considers children 16 and over - adults

Member	_____	@ $560	_____
Spouse / Guest	_____	@ $260	_____
Golf	_____	@ $170	_____
Child Age 16 and Over	_____	@ $260	_____
Child Ages 2 - 15	_____	@ $150	_____

PAYMENT: **Total Amount Due: $** _____

Please email the invoice to: _____

After you receive the invoice for your registration form(s), payment can be made on-line by credit card or by mailing the invoice and check to the NCAA office.

No refunds after May 29

To pay by Check

Please mail completed form and check made payable to NCAA to:

NC Aggregates Association 353
E. Six Forks Rd., Ste 270
Raleigh, NC 27609

To pay by Credit Card

E-Mail completed form to:
diane@ncaggregates.org
Or
Fax completed form to:
(919) 782-7060

An invoice will be emailed to you for you to pay on-line.

FOR OFFICE USE ONLY

Date Received: _____

Date Invoiced: _____

Invoice #: _____

Date Paid: _____ Amount Paid: _____

Paid By: Check _____ Credit Card _____

Check/CC# _____

If you have any questions or need registration information call Diane at the North Carolina Aggregates Association Office - 919.782.7055