



2019 Annual Meeting

October 3, 2019

Tobacco Road Sports Café

Please type or print names as they should appear on name badge; use separate form for additional registrants

Your Name: _____

Company/Association Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Annual Meeting Schedule:

Subject to Change:

- 12:00 PM – 1:00 PM Lunch Buffet
- 1:00 PM – 4:30 PM Educational Sessions
- 4:30 PM – 5:00 PM Conclusion and Adjourn

Annual Meeting Registration:		# of Registrants		Amount
Annual Conference & Lunch	\$150	x _____	=	\$ _____
Total Payment Enclosed				\$ _____

Please charge \$ _____ to my American Express Visa MasterCard Discover

Card # _____ Expiration Date _____ Verification # _____

- Mail Meeting Registration Form to : NCPLA, 1500 Sunday Dr., Ste. 102, Raleigh, NC 27607
- For your convenience, secure online registration in now available at www.ncpla.org

Please list special dietary needs or restrictions: _____