

NCSPS Annual Meeting Registration Form



October 11-13, 2019
The Umstead, Cary, North Carolina

Registrants Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

	Before 8/15/19	After 8/15/19
NCSPS Member	_____ \$500	_____ \$600
Non-Member Physician	_____ \$650	_____ \$800
Resident	_____ \$200	_____ \$250
Member Spouse/Guest (1) - Name _____	_____ \$150	_____ \$200
Additional Member Guest - Name _____	_____ \$250	_____ \$300
Non-Member Spouse/Guest (1) - Name _____	_____ \$200	_____ \$275
Additional Non-Member Guest(s) - Name _____	_____ \$250	_____ \$325
Children 6 years and under - Name(s) _____	_____ \$0	_____ \$50
Youth 7-16 - Name(s) _____	_____ \$75	_____ \$100

Golf Tournament: Friday, October 11, 2019 - MacGregor Downs Golf Course (transportation & lunch included)

_____ \$155 Per Person _____ \$35 Club Rental

List name(s) and handicap(s): _____

Please indicate below ALL social functions (included in registration fee) you and your guest(s)/children will attend. Note number of guest in the space provided.

_____ Friday Evening Reception 10/11/19 (light snacks)

_____ Saturday NCSPS Business Meeting (Members Only) 10/12/19

_____ Saturday Evening Dinner Event 10/12/19

TOTAL AMOUNT FROM ABOVE \$_____

Name on Credit Card:_____

Address (if different from above):_____

Card #:_____ Exp:_____ CVV:_____

Authorized Signature:_____

Cancellation Policy: Full refunds minus a \$50 service fee will be considered if written notice of cancellation is received on or before August 15, 2019. No refunds after August 15, 2019