

Registration Form

NCPF's 2017 Annual Meeting

CONTACT INFORMATION

Your name, title, and company will be printed on your nametag, so please complete all fields.

Include a phone number and email address so we can contact you regarding meeting details and updates.

Name: _____

Title: _____

Company: _____

Phone: _____ Email: _____

EVENTS ATTENDING

Please indicate the events you and your guests plan to attend, and the total cost for each event. On the reverse side of this form complete the required information for all events and fill in your guests' information there.

<i>Please check if attending</i>	<i>Total # of People (include yourself)</i>	<i>Total Cost</i>
_____ GOLF TOURNAMENT <i>Thursday, August 3</i> \$105 per player	_____	\$ _____
_____ SPORTING CLAYS TOURNAMENT <i>Thursday, August 3</i> \$ 85 per player	_____	\$ _____
_____ INDUSTRY AWARDS BANQUET <i>Thursday, August 3</i> \$ 100 per person	_____	\$ _____
_____ NCPF BOARD OF DIRECTORS BREAKFAST <i>Friday, August 4</i> <i>For NCPF Board Members & Invited Guests</i>	_____	n/a
TOTAL COST (credit cards are <u>not</u> accepted)		\$ _____

HOTEL RESERVATIONS

Hotel reservations can be made by calling the Grandover Resort directly at 1-800-472-6301. Be sure to identify yourself with the *NC Poultry Federation Meeting* to ensure you receive the \$162/night room rate. To guarantee this reduced rate, make your reservations before Wednesday, July 5, 2017.

2017 GOLF TOURNAMENT

List your name and handicap first. If you are paying for additional players, please list their information below.
Be sure to include an email and/or telephone number for each golfer so we can contact them regarding the tournament.

If you wish to pay for more than four (4) players, please use an additional registration form.

If you have only one (1) or two (2) golfers and wish to be paired with someone, indicate their name(s) below.

My Name: _____ My Handicap: _____

Player 2: _____ P2 Handicap: _____

Email: _____ Phone: _____

Player 3: _____ P3 Handicap: _____

Email: _____ Phone: _____

Player 4: _____ P4 Handicap: _____

Email: _____ Phone: _____

Pair Us With: _____

2017 SPORTING CLAYS TOURNAMENT

List your name and shotgun gauge under Player 1. If you wish to pay for a guest, please list their information below.

Please include an email and/or telephone number for your guest so we can contact them regarding the tournament.

If you wish to pay for more than two (2) players, please use an additional registration form.

Player 1: _____ P1 Shotgun Gauge: _____

Player 2: _____ P2 Shotgun Gauge: _____

P2 Email: _____ P2 Phone: _____

NCPF's 2017 INDUSTRY AWARDS BANQUET

Please list your guest(s) and their company, if applicable.

If you wish to pay for more than (4) guests, please use an additional registration form.

Guest 1: _____ Company: _____

Guest 2: _____ Company: _____

Guest 3: _____ Company: _____

Guest 4: _____ Company: _____

PAYMENT

Please submit this completed registration form along with your payment in the form of a check (sorry, we do not accept credit cards) to NCPF, 4020 Barrett Drive, Suite 102, Raleigh, NC, 27609.

If you have questions, please contact Julia Turner, jturner@ncpoultry.org