

ADVANCE CONVENTION REGISTRATION

North Carolina Seedsmen's Association partnering
with South Carolina Seedsmen's Association

July 23-25, 2023

Hyatt Place, Charleston, South Carolina

REGISTRATION FEES

<u>Adults</u>	<u>Fee</u>
Delegate	\$200; If received after July 10, add \$25
Spouse/Guest	\$50; If received after July 10, add \$25

<u>Children</u>	<u>Fee</u>
14 & over	\$50
5 thru 13	\$35
4 & under	\$15

REGISTRATION FEES ADMIT YOU TO ALL MEETINGS & SOCIAL EVENTS. REFUNDS - ONLY IF WRITTEN CANCELLATION IS RECEIVED 72 HOURS IN ADVANCE OF CONVENTION DATE. **Closing date for advance registration is July 1** Do you plan to stay at this hotel? YES NO

LIST ALL ATTENDING AND **INDICATE (X)** THE FUNCTIONS THEY WILL ATTEND - Necessary to help keep registration fees to a minimum

NAME - PRINT it as you want it to appear on name tag	D-DELEGATE S-SPOUSE G-GUEST Y-YOUTH (AGE)	AMOUNT (SEE BLOCKS ABOVE)	Sunday Buffet Dinner	Delegate's & Children's Breakfast	Children's Supervised Recreation	Spouse/ Guest Breakfast & Program	Children's Supervised Dinner & Entertainment	President's Banquet
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Registration _____
 Golf, Outing or Tour Fees _____
 NC Membership Dues (\$75/year) _____ \$75.00
 NCSA Scholarship Fund (optional) _____
 Credit Card Transaction Fee (3.7% + \$0.15) _____
Total Amount Enclosed _____

For Office Use Only	
Date Rec'd	_____
Check No.	_____
Amount	_____

Firm Name _____ Telephone _____
 Address _____ Fax _____
 City _____ State _____ Zip _____ Email _____

_____ I wish to pay by credit card. By my signature and the information provided below, I hereby authorize payment by credit card for a one time only charge to NCSA. ****NOTE:** Please add 3.7% plus \$0.15 transaction fee to your total if paying by credit card. SIGNATURE: _____

CARD # _____ EXP. DATE: _____ SECURITY CODE: _____ NAME ON CARD: _____

RETURN A COMPLETED COPY OF THIS FORM with your check made payable to:
North Carolina Seedsmen's Association
4335 NC Hwy. 42 W, Garner, NC 27529

Send to: