

North Carolina Property Mappers Association 2017 Annual Conference Exhibitor Registration Form

October 4th-October 6th, 2017 Embassy Suites, Cary, NC

Company Name _____

Contact Name _____

Contact Title _____

Mailing Address _____

City/State/Zip _____

Email _____

Phone Area Code (_____) Number _____ -- _____ Ext. _____

- For our planning purposes, would you mind telling us how many employees you anticipate sending to the conference? _____ and to the banquet? _____
- One banquet ticket is included per station registered. Additional tickets may be purchased at a discount in advance (below) for \$50 or at the conference for \$55 each.
- **Cancellation Policy:** Refunds for cancellations requested more than 30 days before the event will be given in full. Cancellations between 16 and 30 days before the event will be refunded at 50%. After that date, **no refunds will be issued.** Any cancellations may substitute another person to take their spot without penalty. Those who pre-register without pre-paying and do not attend or who cancel late **will still be responsible for paying** for the registration, or whatever portion that would not be refunded, had it been pre-paid.
- Please Return this completed form by September 8, 2017 to avoid the Late Registration Penalty. Make checks payable to “NCPMA” and mail to:

Patricia Pike
Onslow County
234 NW Corridor Blvd
Jacksonville, NC 28540

Your contact for exhibitor questions.
Patricia_Pike@onslowcountync.gov
Phone (910) 937-1195
Fax (910) 989-5814

Registration Item	Unit Price	Quantity	Total
2017 Vendor Registration (per station – 1 table, 2 chairs)	\$300		\$
After September 8 th Late Registration Penalty (per station)	\$50		\$
Additional Advance Banquet Tickets (per person) Non-refundable	\$50		\$
<i>Make checks payable to “NCPMA”</i>	Amount Enclosed		\$

By signing below, I acknowledge that I have read the cancellation policy above, understand it, and will comply with it. If I pre-register without pre-paying and do not exhibit at the conference, I am still responsible for the registration fee.

Signed: _____ Date: _____