



Conference Registration Form

NCAFED 2016 ANNUAL CONFERENCE-October 26th-27th, 2016

Sheraton Imperial Hotel & Convention Center

4700 Emperor Blvd, I-40 at Exit 282 (Page Road), Durham, NC, 27703

I. Company Information

Registration Deadline– October 10th 2016

Company Name _____

Main Contact Person _____ Title _____

Address _____

City _____ State _____ Zip/Postal _____

Telephone _____ E-mail _____

Explanation of fees: A member is a current registered NCAFED company and all guests associated to that company 1) fees include all sessions, coffee breaks, lunch, NCAFED Exhibit Hall, vendor reception open bar, hors d'oeuvres and all conference materials each day enrolled. 2) AHJ or Spouse fees include admission same as attendees each day enrolled. 3) Cancellation policy: **No refunds will be made if cancellations are made seven days or fewer prior to conference.**

Attendee Name to Appear on Badge	Member Rate -Day 1	Non-Member Rate- Day 1	Member Rate -Day 2	Non-Member Rate- Day 2	Subtotal
1.	\$75.00	\$95.00	\$55.00	\$95.00	\$
2.	\$55.00	\$85.00	\$45.00	\$85.00	\$
3.	\$55.00	\$85.00	\$45.00	\$85.00	\$
4.	\$55.00	\$85.00	\$45.00	\$85.00	\$
5.	\$55.00	\$85.00	\$45.00	\$85.00	\$
6.	\$55.00	\$85.00	\$45.00	\$85.00	\$
7.	\$55.00	\$85.00	\$45.00	\$85.00	\$
8.	\$55.00	\$85.00	\$45.00	\$85.00	\$
AHJ or Spouse Name to Appear on Badge	AHJ/Spouse Rate	Check for Lunch	AHJ/Spouse Rate	Check for Lunch	
1.	FREE	\$35.00 <input type="radio"/>	FREE	\$35.00 <input type="radio"/>	\$
2.	FREE	\$35.00 <input type="radio"/>	FREE	\$35.00 <input type="radio"/>	\$

Payment Method

Total \$

Check Enclosed (payable to NCAFED)

VISA

MASTERCARD

AMEX

Name on Card _____ Account Number _____

Signature _____ Expiration Date ____/____/____ CID _____

Please mail, fax or email this form with payment to us at:

NCAFED- 130 Wolfpack Lane Durham, NC. 27704 Fax-919-220-8314 Email: info@metrofireandsafety.com