

Registration and Sponsor Form

Johnson Burton Learning Center LLC

980-272-8949 or 929-432-9769 REGISTRATION FAX#: (704) 567-0811

conference@johnsonburtonlearningcenter.org



<p>CONFERENCE LOCATIONS & DATES 7-27-19 CHARLOTTE 8-31-19 JEFFERSON 9-14-19 ASHEVILLE 9-28-19 RALEIGH 10-26-19 GREENSBORO 11-15-19 FAYETTEVILLE 11-16-19 GREENVILLE 12-15-19 ELIZABETH CITY</p>	<p><input type="checkbox"/> Charlotte, NC (for Mecklenburg, Rowan, Gaston, Iredell, Cabarrus, Davie, Catawba, Yadkin, Union, Montgomery, Cleveland) CONFERENCE DATE: SATURDAY, 8-31-19</p> <p><input type="checkbox"/> Jefferson, NC (for Ashe, Watauga, Avery, Caldwell, Alleghany) CONFERENCE DATE: SATURDAY, 8-31-19</p> <p><input type="checkbox"/> Asheville, NC (for Buncombe, McDowell, Yancey, Madison, Haywood, Mitchell, Burke, Rutherford, Polk, Jackson, Macon, Swain, Graham, Cherokee, Clay, Macon) CONFERENCE DATE: SATURDAY, 9-14-19</p> <p><input type="checkbox"/> Raleigh/Durham NC (for Wake, Durham, Orange, Moore, Lee, Chatham, Johnston, Granville, Nash) CONFERENCE DATE: SATURDAY, 9-28-19</p> <p><input type="checkbox"/> Greensboro, NC (for Guilford, Forsyth, Davidson, Surry, Stokes, Rockingham, Caswell, Alamance, Randolph, Stanley, Montgomery, Moore) CONFERENCE DATE: SATURDAY, 10-26-19</p> <p><input type="checkbox"/> Fayetteville, NC (for Cumberland, Robeson, Scotland, Hoke, Harnett, Bladen, Columbus, Brunswick, Sampson, Richmond, Pender) CONFERENCE DATE: FRIDAY, 11-15-19</p> <p><input type="checkbox"/> Greenville, NC (for Pitt, Beaufort, Craven, Jones, Lenoir, Greene, Wayne, Wilson, Edgecombe, Martin, Hyde) CONFERENCE DATE: SATURDAY, 11-16-19</p> <p><input type="checkbox"/> Elizabeth City, NC (for Pasquotank, Currituck, Camden, Perquimans, Chowan, Gates, Hartford, Bertie, Northampton, Halifax, Washington, Tyrrell, Dare) CONFERENCE DATE: SATURDAY, 12-16-19</p>
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Name			
Position or Office			
Company Name			
Address, City, State, Zip			
Telephone		Email:	
Website Address			
Company Service or Product			
Sponsorship Tier (Please see flyer)		Number of Ticket(s)	

POLICY: The deadline for Sponsorship payments is 4 days prior to each event.

PLEASE LIST FOOD ALLERGIES:

Pay by Check	_____ Yes _____ No	Bank/Ck#	Amount Paid: \$
Pay by Credit Card	_____ Yes _____ No	Card#:	Exp. Date: _____ Code: _____ Amount Paid: \$

Confirmation of Registration:

Print Name:			
Signature:		Date:	