



# REGISTRATION FORM

## 41st Annual NCA GT Conference March 5–6, 2015 (Thursday & Friday) Marriott & Embassy Suites Hotels, Winston-Salem, NC

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Attending conference primarily as:  
 AIG Teacher                       Parent  
 Classroom Teacher             PAGE  
 Administrator                     Higher Education  
 School District \_\_\_\_\_

### 2015 CONFERENCE REGISTRATION FORM

<i>Regarding any questions you may have regarding registration, please feel free to call the NCA GT Office at 910.326.8463</i>	Early Registration Postmarked by Feb. 1, 2015		Regular Registration AFTER Feb. 1, 2015		AMOUNT DUE
	Member	Nonmember	Member	Nonmember	
<b>TWO-DAY CONFERENCE</b> Thursday and Friday, March 5–6, 2015 (includes Grab 'n Go Breakfasts on both days, Thursday Reception and Friday Luncheon)	<b>\$195</b>	<b>\$225</b>	<b>\$205</b>	<b>\$235</b>	\$ _____
<b>THURSDAY EVENING RECEPTION – 5:15 pm–6:30 pm</b> There will be a reception following the Keynote Address on Thursday evening. This event is included in your registration fee. For planning purposes, please indicate if you will be able to attend. All registered attendees are invited as special guests.					<input type="checkbox"/> YES <input type="checkbox"/> REGRET
<b>INDIVIDUAL RECEPTION TICKETS AND FRIDAY LUNCHEON TICKETS</b> <b>NOTE:</b> The Thursday Reception and the Friday Luncheon are included in registration. However, additional tickets are available for non-registered guests attending these functions.					Thursday Reception _____ tickets at \$25 Friday Luncheon _____ tickets at \$25
<b>NCA GT MEMBERSHIP DUES — \$30</b> Individuals may renew or join NCA GT when registering for the annual conference and receive membership rates.					\$ _____
<b>TOTAL PAYMENT DUE</b>					\$ _____

One-day conference rates as well as special function meal tickets are also available through the NCA GT office (910-326-8463).

#### METHOD OF PAYMENT

Personal Check # \_\_\_\_\_  
 School District Check # \_\_\_\_\_  
 School District Purchase Order # \_\_\_\_\_  
 Bank Card     VISA     MASTERCARD    Expiration Date \_\_\_\_\_  
 Card # \_\_\_\_\_ Security Code (from back of card) \_\_\_\_\_  
 Name of Credit Card Holder \_\_\_\_\_  
 Signature of Card Holder \_\_\_\_\_

Checks should be made payable to **NCA GT**. Mail completed form to:

**NCA GT Registration**  
**PO Box 899**  
**Swansboro, NC 28584-0899**

**PLEASE NOTE:** NCA GT has contracted with an automated credit card program that is designed to give fast and accurate service. The Merchant Services Credit Card Accounting Office has worked with our office to assure you the highest quality of service. If you register by credit card, please be sure to include your card expiration date, credit card number and signature. **Without these three (3) entries, NCA GT will not be able to process your credit card registration.**

*Online registration is preferred — visit [www.ncagt.org](http://www.ncagt.org)*