

NCLTA Annual Convention Registration

September 10-12, 2015  Grand Bohemian Hotel Asheville

NC State Bar License # (for CLE credit) _____

Name _____ First Name for Badge _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Guest Name _____ First Name for Badge _____

Guest Name _____ First Name for Badge _____

Children Name(s) Attending _____ Age(s) _____

Registration and Activity Fees

Includes: CLE Program Sessions, Welcome Reception, Friday and Saturday Breaks, Attorney Section Breakfast (for attorneys only), and Friday Reception and Banquet, except as noted below.

	Early Bird	After 8/17	Amount
<input type="checkbox"/> Member(s)	\$499	\$549	\$ _____
<input type="checkbox"/> Attorney Spouse/Guest of a Member who wishes to participate in CLE sessions and Attorney Breakfast <i>(should pay the Member rate)</i>	\$499	\$549	\$ _____
<input type="checkbox"/> Spouse/Guest (18 yrs+) <i>(Does not include CLE program sessions or breaks)</i>	\$150	\$150	\$ _____
<input type="checkbox"/> Non-Member(s)	\$540	\$590	\$ _____
<input type="checkbox"/> Spouse/Guest of Non-Member <i>(Does not include CLE program sessions or breaks)</i>	\$175	\$175	\$ _____
<input type="checkbox"/> Youth(s) <i>(Includes 3 receptions and banquet)</i>	\$55	\$55	\$ _____
<input type="checkbox"/> Optional Friday Afternoon Outing* <i>(French Broad Rafting Excursion—must be at least eight years of age to participate)</i>	\$52 per person		

_____ @ \$52 ea = \$ _____

Participant Name _____

Participant Name _____

Participant Name _____

* Please arrive at the French Broad River Outpost by 1:00 pm for a 1:30 pm departure.

Payment Information

Check (payable to NCLTA)

Please return form with payment to:

NCLTA Convention, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

Questions?

Phone: (919) 861-5584 • Fax: (919) 787-4916 • info@nclta.org

Cancellation Policy

There will be no refunds for cancellations received after **August 17, 2015**, without written documentation for a medical or similar emergency.

Special Requests

Does anyone in your party need accommodations for food allergies, disabilities, etc.? If yes, please indicate person's name and accommodations needed:

