

CAROLINAS MID-WINTER ROOFING EXPO REGISTRATION FORM



JANUARY 18 – 20, 2011

**TWIN CITY QUARTER (MARRIOTT, EMBASSY, BENTON CONVENTION CENTER)
460 N. CHERRY STREET, WINSTON-SALEM, NC 27101, (336) 725-3500**

Company Name

Company Address

City

State

Zip Code

Phone

Fax

Email

BADGE TYPE (Please check all that apply)

- Contractor Manufacturer/Distributor (NON-Exhibitor) Other
- NEW RESIDENTIAL CONTRACTOR MEMBER... 50% member registration discount! *application must be submitted at time of registration (ALL fees must be paid at time of registration)
- Architect/Engineer/Consultant: Please provide your AIA/RCI # _____
(COMPLIMENTARY REGISTRATION)

Please Register the Following Individuals:

NAME(S)						PLEASE CHECK PROGRAMS ATTENDING			
	MBR \$225	NON MBR \$375	EMPLOYEE DAY PASS* \$50	NON EXH MFR/DIST \$325	LUNCH (FREE)	TECH ROUND TABLE	GAF C.A.R.E	FM	CONTRACTORS BID DAY
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Day Pass only valid with "Member"/"Non Member Registration*

TOTAL FEES: _____

PAYMENT INFORMATION:

- Check Enclosed
- MasterCard/VISA
- American Express

Credit Card Number

Expiration Date

Name on Card

Signature

FOR OFFICE USE:

Date Received

Date Entered

Entered By

PLEASE RETURN FORM WITH REGISTRATION FEES TO:

CRSMCA
PO BOX 7643
CHARLOTTE, NC 28241-7643
FAX TO (704) 557-1736
EMAIL TO cbsims@crsmca.org

CANCELLATIONS MUST BE SUBMITTED IN WRITING AND RECEIVED BY THE CRSMCA OFFICE BY JANUARY 1, 2011. A 50% CANCELLATION FEE WILL BE APPLIED TO THE REFUND.

CRSMCA WILL NOT GRANT ANY REFUNDS AFTER JANUARY 1, 2011.