

96th NCMS Alliance Annual Meeting Registration Form

April 30– May 1, 2019 • Raleigh, Wake County, NC

Registration Deadline: April 20, 2019

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	E-MAIL ADDRESS:
*DIETARY RESTRICTIONS (CIRCLE): YES NO	*PLEASE DESCRIBE:

Registration (please check box and provide numbers below)		
<input type="checkbox"/>	Reserve ___ place(s) for All Inclusive Registration (includes Deluxe Continental Breakfast, Hubbard Luncheon & Annual Meeting) Wednesday, May 1, 8:45 a.m.-2:30p.m. Devils Ridge Golf Club, 5107 Linksland Rd, Holly Springs Choose one entrée per person. All entrees include mixed green salad, fresh baked rolls & dessert. 1) Chicken Francaise with a lemon butter sauce, wild rice and vegetable medley. #____ 2) Marinated Grilled Salmon, wild rice and vegetable medley. #____ 3) Grilled Vegetable Ravioli with a roasted red pepper cream sauce. #____	\$100.00
All Inclusive Registration Fee:		

Meal/Event Reservations (Please check box and provide numbers below)		
<input type="checkbox"/>	Reserve ___ place(s) for the Dinner Social, Tuesday, April 30, 6:30 p.m. Chef's Palette Restaurant, 3460 Ten Ten Road, Cary - Dutch Treat www.chefspalette.net	Dutch Treat
<input type="checkbox"/>	Reserve ___ place(s) ONLY for the Hubbard Luncheon and Officer Installation Featuring Clark Gaither, M.D., author of <i>Reignite with Passion and Purpose</i> . Wednesday, May 1, 12:15 p.m., Devils Ridge Golf Club, 5107 Linksland Rd., Holly Springs Choose one entrée per person. All entrees include mixed green salad, fresh baked rolls & dessert. 1) Chicken Francaise with a lemon butter sauce, wild rice and vegetable medley. #____ 2) Marinated Grilled Salmon, wild rice and vegetable medley. #____ 3) Grilled Vegetable Ravioli with a roasted red pepper cream sauce. #____ This entry is for registrants attending ONLY the luncheon on Wednesday. *Provide dietary restrictions above.	\$40.00
Only Hubbard Luncheon Fee:		

Tuesday Afternoon Tour (please check box and provide number attending below)		
<input type="checkbox"/>	Reserve ___ place(s) for the Docent led tour, <i>Highlights of the Collection</i> , North Carolina Museum of Art, 2110 Blue Ridge Road, Raleigh, Tuesday, April 30, 2 p.m. Number of attendees required to arrange for docents.	No Fee

	Total Due
Payment	

Check: **Please make your check payable to NCMS Alliance**

Credit Card: Visa MasterCard (Please circle one)

Credit Card #: _____ CVV2# _____ Exp. Date: _____

Name on Card: _____

Signature _____

Please mail, email or fax (919) 787-4916) your completed registration form by April 20, 2019:
NCMS Alliance, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607 | Email: tsteadman@ncmsalliance.org
 2/25/19