



BOX 8003  
RALEIGH, N. C. 27695-8003

**REGISTRATION FORM  
FOR  
SOUTHEASTERN DRY KILN CLUB  
FALL 2016 MEETING  
October 27 - 28, 2016  
WAYNESVILLE, NORTH CAROLINA**

NAME(S): \_\_\_\_\_

\_\_\_\_\_  
*(please include name of spouse if attending)*

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

EMAIL. \_\_\_\_\_

**REGISTRATION FEE PAID IN THE FOLLOWING MANNER:**

- \$40 REGISTRATION PER PERSON ENCLOSED or MAILED**  
 **\$40 REGISTRATION PER PERSON TO BE PAID "AT the DOOR"**

*Make check payable to Southeastern Dry Kiln Club (or simply SEDKC)*

Please fax to Phil Mitchell at 919-513-3496  
or scan and email to: phil\_mitchell@ncsu.edu  
or mail to : Phil Mitchell  
Campus Box 8003  
North Carolina State University  
Raleigh, NC 27695-8003

**This Meeting Registration Form due BY October 19, 2016**  
***(Hotel Registration Special Rate Cutoff: October 20, 2016)***