REGISTRATION FORM
FOR
SOUTHEASTERN DRY KILN CLUB
SPRING 2018 MEETING
May 24 - 25, 2018
CONOVER, 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 919-515-6302
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 May 18, 2018