



**REGISTRATION FORM**  
FOR  
**SOUTHEASTERN DRY KILN CLUB**  
**FALL 2018 MEETING**  
November 8 - 9, 2018  
Mt. Gilead, 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 November 2, 2018**