

# 2008 NCAFP Leadership Retreat

**Friday, July 25<sup>th</sup> – Sunday, July 27<sup>th</sup>  
Embassy Suites Hotel, Cary, North Carolina**

*Please complete this registration form and return it to the  
NCAFP Meetings Department no later than Monday, July 21, 2008.*

**Meeting Location:** Embassy Suites Hotel, Cary, North Carolina  
201 Harrison Oaks Boulevard, Cary, North Carolina 27513  
Phone (919) 677-1840 Fax (919) 677-1841

**Registration Fees:** NCAFP Members \$30.00  
(Includes Saturday's breakfast, Saturday's lunch, & Saturday's reception & dinner)  
  
Spouse / Guest Fee \$15.00  
(Includes Saturday's reception & dinner)

**Hotel Accommodations:**

The NCAFP has reserved a small block of sleeping rooms for your convenience during this program. Please call the Embassy Suites Hotel directly and be sure to mention the NCAFP to reserve your room at our discounted rate of \$139 per night plus tax. The phone number is 919-677-1840.

Full Name \_\_\_\_\_

Name for Badge \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email Address (registration confirmation will be emailed to you) \_\_\_\_\_

Spouse/Guest Attending \_\_\_\_\_

***For an accurate food and beverage count, please indicate which events you plan to attend. Please list the number of people attending each event below. Spouse and Guests are invited to Saturday Evening's Reception & Dinner.***

\_\_\_\_\_ **Executive Committee Dinner Meeting**

Friday, July 25<sup>th</sup>, at 6pm  
Executive Committee Members Only

\_\_\_\_\_ **Registration & Continental Breakfast**

Saturday, July 26<sup>th</sup> at 7:15 am  
Registered Attendees Only

\_\_\_\_\_ **Working Lunch Program**

Saturday, July 26<sup>th</sup> 12pm to 1:00 pm  
Registered Attendees Only

\_\_\_\_\_ **Reception & Dinner**

Saturday, July 26<sup>th</sup> 6pm  
Registered Attendees & Spouse / Guests

\_\_\_\_\_ **Board of Directors Breakfast Meeting**

Sunday, July 27<sup>th</sup> at 7:30 am  
Registered Attendees Only

**Total Amount Enclosed \$** \_\_\_\_\_

**Payment Methods:**  Check Made Payable to the NCAFP

Visa

Mastercard

Credit Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Please fax this completed form to the NCAFP Meetings Department at 919-833-1801  
Or Mail it to NCAFP Meetings Department, PO Box 10278, Raleigh, NC 27605**