

Regional Meeting REGISTRATION FORM

SMART 2019 Regional Meeting * September 15-16, 2019 * Renaissance Raleigh North Hills Hotel * Raleigh, North Carolina

Please Type or Print information as you want it to appear on your badge. Use one form per registrant and print clearly. You may also register online at www.smartasn.org/regional2019

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____ Phone: _____

Registration Fees (check box below):

Member Rates		
Early Bird Rate - (before 7/19/19)	\$500	<input type="checkbox"/>
Regular Rate - (after 7/19/19)	\$600	<input type="checkbox"/>
Wilson College of Textiles Tour	\$25	<input type="checkbox"/>

*Registration fee covers cocktail reception on Sunday, 9/15; sessions, breakfast and lunch on Monday, 9/16. *Hotel must be booked separately and is NOT included in the registration.*

Non-Member Rate**		
Non-Member Rate	\$1,600	<input type="checkbox"/>
Wilson College of Textiles Tour	\$25	<input type="checkbox"/>
Total Due:		

**Non-Members who wish to attend must complete a SMART membership application along with the Regional Meeting registration form and pay the non-member rate.

***Non-Members who join SMART within one week of the meeting will have the difference in cost applied toward their dues payment.

All registrations received after July 19, 2019 will be charged the regular registration rate. *Last day to register is September 9, 2019. No on-site registrations accepted.*

Cancellation Policy:
 All cancellations must be in writing. No refunds will be given after August 16, 2019.
 Cancellations prior to August 16, 2019 will be charged a \$50 per person administrative fee.

Special Requirements:

Please indicate any special needs that have or may require assistance (mobility, hearing, dietary, etc.)

We can only accommodate if we have prior knowledge.

Hearing Vision Mobility Other: _____

Vegetarian Gluten Free Vegan Dairy Free Other: _____

***Please note some requirements may result in additional charges to the attendee.**

Payment:

Payment method: Credit Card Check

Card Number: _____ CVV: _____ Exp. Date: _____

Cardholders Name: _____

Signature: _____

Cardholder Address (if different from address above): _____