



Submit Form To
Email: office@ncbeec.org
Mail: NCBEEC, 505 N. Greenfield Pkwy, Suite 100
Garner, NC 27529
Fax: (800) 691-8399

REGISTRATION FORM – EXHIBITOR REGISTRATION

Purchase of an Exhibitor Registration includes:

- **Two (2) Standard Registrations** (for Exhibitor Representatives)
- **Two (2) tickets to the Banquet Dinner**
- **One Exhibitor table** (locations will be assigned on a “first come” basis according to availability)

Registration will also include name badges for each representative, access to refreshments during session breaks, and four (4) drink tickets (two per representative) for the Social Mixer. Additional Exhibitor Representatives may attend but will not be given name badges, drink tickets, or banquet dinner tickets.

SECTION 1 – BUSINESS CONTACT INFORMATION

A receipt will be emailed to the Primary Contact and Contact Email listed below.

Company Name: _____
(Company listed here will be printed on each attendee ID badge)

Company Mailing Address: _____
Street Address or P.O. Box City State Zip

Primary Contact Name: _____ Contact Title: _____
(List person responsible for all registration and billing questions.)

Contact Phone: _____ Contact Email: _____

SECTION 2 - REGISTRATION INFORMATION

Please list each person you are registering to attend the event. Copy form as needed if registering more than 2 people.

Registrant 1

Last Name _____		First Name _____	
SSN 4: _____	License # and/or Inspector ID #: _____		
Select Type/Role:	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Inspector	<input type="checkbox"/> Other: _____
Will this Registrant be attending the Banquet Dinner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, how many tickets? _____

Registrant 2

Last Name _____		First Name _____	
SSN 4: _____	License # and/or Inspector ID #: _____		
Select Type/Role:	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Inspector	<input type="checkbox"/> Other: _____
Will this Registrant be attending the Banquet Dinner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, how many tickets? _____



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SECTION 3 - REGISTRATION INFORMATION

Fill in the total number of Standard Registrations needed and Banquet Dinner tickets from previous page (if any) and total.

Registration Type	Fee	Qty	Total Fee
Exhibitor Registration	\$ 750.00/ea.		\$
Additional Banquet Dinner Tickets <i>(if any)</i>	\$ 45.00/ea.		\$
Total Due			\$

SECTION 4 - PAYMENT INFORMATION

Please Note: ALL FEES ARE NON-REFUNDABLE. A receipt will be emailed to the Primary Contact listed in Section 1.

Payment Method: Check [Make Payable To: NCEI, 505 N. Greenfield Pkwy, Ste. 100, Garner, NC 27529]
 Credit Card

CREDIT CARD NUMBER	NAME ON CARD		EXP. DATE
CARD BILLING ADDRESS	BILLING CITY / STATE	BILLING ZIP CODE	3-DIGIT SECURITY CODE

** Exact billing address for credit card must be entered for charges to be processed.*

PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING

A RECEIPT WILL BE EMAILED TO THE PRIMARY CONTACT LISTED IN SECTION 1 OF THIS FORM