



95TH ANNUAL
NORTH CAROLINA
ELECTRICAL INSTITUTE

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

REGISTRATION FORM – STANDARD REGISTRATION (LATE)

Purchase of a Standard Registration includes admittance to the event, attendee badge, refreshments during session breaks, and two (2) drink tickets for the Social Mixer. Registration does not include admittance to the banquet dinner.

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 3 people.

Registrant 1

Last Name _____	First Name _____
SSN 4: _____	License # and/or Inspector ID #: _____
Select Type/Role: ___ Electrical Contractor ___ Inspector ___ Other:	

Registrant 2

Last Name _____	First Name _____
SSN 4: _____	License # and/or Inspector ID #: _____
Select Type/Role: ___ Electrical Contractor ___ Inspector ___ Other:	

Registrant 3

Last Name _____	First Name _____
SSN 4: _____	License # and/or Inspector ID #: _____
Select Type/Role: ___ Electrical Contractor ___ Inspector ___ Other:	



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SECTION 3 - REGISTRATION INFORMATION

Fill in the total number of Standard Registrations needed and total.

Registration Type	Fee	Qty	Total Fee
Standard Registration – Late (After 03/31/24)	\$ 95.00/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