

# 2017 SOUTHEAST STRAWBERRY EXPO REGISTRATION & MEMBERSHIP FORM

❖ November 1-3, 2017 ❖ Register in advance to avoid \$25 penalty ❖

## CONTACT INFORMATION

Name(s) (for name tags): \_\_\_\_\_

Farm/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Farm/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Acres of strawberries grown in 2017: \_\_\_\_\_

I'd like my newsletters via:  Email  Mail

Bringing an item for the silent auction? Tell us here: \_\_\_\_\_

Please choose from the following expo events:

### FULL CONFERENCE 11/2-11/3

(includes all breakout sessions, Tuesday lunch, all breaks)

TYPE	RATE	QUANTITY	TOTAL
First Registrant	\$150		\$
Additional Person	\$125		\$
Student/Ext	\$100		\$

### FARM TOUR -WEDNESDAY, 11/1 (Full Day)

TYPE	RATE	QUANT.	TOTAL
On bus (lunch & dinner)	\$85		\$
Own car (dinner only)	\$70		\$
Child	\$35		\$

### THURSDAY CONFERENCE 11/2 (Full Day)

(includes Thursday breakout sessions, lunch, and breaks)

TYPE	RATE	QUANTITY	TOTAL
First Registrant	\$100		\$
Additional Person	\$85		\$
Student/Ext	\$60		\$
Child	\$50		\$

### FRIDAY CONFERENCE 11/3 (Half Day)

(includes Friday breakout sessions and break)

TYPE	RATE	QUANTITY	TOTAL
First Registrant	\$70		\$
Additional Person	\$60		\$
Student/Ext	\$40		\$

### Produce Safety Rule Growers Training on Friday, 11/3

Registration for this event is handled through the Fresh Produce Task Force:

<http://www.cvent.com/events/produce-safety-rule-growers-training/event-summary-1cfb-76ca778f49efaa8b2732dbb0aed4.aspx?fqp=true>

## NCSA MEMBERSHIP

(good through November 2018 - you must be a member to attend expo)

TYPE	RATE	QUANTITY (one per farm)	TOTAL
In-State	\$100		\$
Out-of-State	\$170		\$
Student/Ext.	\$25		\$

## HOST: HILTON WILMINGTON RIVERSIDE

Group rate of \$139.00 available until October 10, 2017

BOOK RESERVATIONS BY PHONE: 910-763-5900

BOOK ONLINE: [http://www.hilton.com/en/hi/groups/personalized/I/ILMNCHF-STB-20171031/index.jhtml?WT.mc\\_id=POG](http://www.hilton.com/en/hi/groups/personalized/I/ILMNCHF-STB-20171031/index.jhtml?WT.mc_id=POG)

## PAYMENT INFORMATION

Payment method:  Check (payable to NCSA)

Visa  Mastercard  Discover

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Donation to Scholarship Fund: \$ \_\_\_\_\_

TOTAL AMOUNT DUE:

\*Please add totals from all columns\*

MAIL THIS FORM TO: NCSA, PO Box 543, Siler City, NC 27344 | EMAIL THIS FORM TO: [info@ncstrawberry.com](mailto:info@ncstrawberry.com)  
More information at: [www.ncstrawberry.com](http://www.ncstrawberry.com) | 919-537-2287