

2005 NCMC CONFERENCE REGISTRATION FORM

Registration and payment must be received by **January 21** for *Early Bird* rates and by **February 18** for *Regular rates*. Please copy this form for additional registrations. For more information or questions, please call Judy Newman, 704-638-3100 or 800-332-2343, or Kaye Hirst, 704-633-5946.

Name: _____ Name: _____
(as it is to appear on your badge)

Title: _____ Organization: _____

Address: _____

City/State/Zip: _____ Phone: _____ FAX: _____

E-mail: _____ Web: _____

We will e-mail a confirmation and details to you

Registration must be received by:	Early Bird Deadline 1-28-05	Regular Deadline 2-18-05	Late/On-site Registration
Members	\$135 full conf./\$70 per day	\$155 full conf./\$85 per day	\$155 full conf./\$85 per day
Student Member (proof)	\$65	\$65	\$65

Institutional Dues are based on your institution's annual budget:	Dues
\$0-\$50,000	\$50
\$50,001-\$100,000	\$75
\$100,001-\$250,000	\$100
\$250,001-\$500,000	\$150
\$500,001-\$1,000,000	\$200
over \$1,000,000	\$250
Corporate: (1) representative to annual meeting (2) representatives to annual meeting	\$100
Individual Dues: Student Dues (please include a copy of a dated proof of enrollment, such as a class schedule or tuition receipt)	\$20 \$5
Section Dues: One section membership is included with each membership. Please indicate which section(s) you wish to be a member of. Additional section membership may be obtained by paying \$2 additional dues per section. <i>Please check all sections included with membership.</i> <i>Art History Science</i>	\$2 each additional Section

Conference Registration \$ _____

Membership Dues (non-members only) \$ _____

Total Amount Enclosed \$ _____

Checks payable to: North Carolina Museums Council
P.O. Box 2603
Raleigh, NC 27602-2603

Please note: NCMC cannot accept credit card payments

Refund Policy: *Written refund requests will be granted up to 15 days prior to conference less a \$25 administrative fee. No refunds after February 21, 2005*

CONFERENCE PARTICIPATION INFORMATION

To help us plan, please check each concurrent session/s, tours, and /or workshops you will attend or participate. Refer to conference schedule for corresponding session descriptions.

Wednesday, March 2, 2005

WORKSHOPS, 10 a.m.– 12 noon (Select one)

A B C D E

WORKSHOPS/TOURS, 1:30-4 p.m. (Select one)

A B C D E

Thursday, March 3, 2005

CONCURRENT SESSIONS, 10:45-11:45 a.m. (Select one)

A B C D E

CONCURRENT SESSIONS 1:45-2:45 p.m. (Select one)

A B C D E

CONCURRENT SESSIONS, 3-4 p.m. (Select one)

A B C D E

WORKSHOPS/DISCUSSIONS, 4:15-5:15 p.m. (Select one)

A B C D

Friday, March 4, 2005

CONCURRENT SESSIONS, 10:45-11:45 a.m. (Select one)

A B C D

TOURS, 1-3 p.m. (Select one)

Downtown Walking Tour Museums Tour

Please check all meals you plan to eat. Meals must be checked to be provided.

Wednesday, March 2, 2005

Lunch, Holiday Inn

Progressive Dinner in Historic Downtown Salisbury

Thursday, March 3, 2004

Buffet Breakfast, Holiday Inn

Lunch & Keynote, Holiday Inn

Dinner & Awards Ceremony, Salisbury Station Depot

Friday, March 4, 2005

SECTION BREAKFASTS (Select one)

A B C

Box Lunch, Holiday Inn

Please let us know if any special arrangements for food need to be provided: Vegetarian Vegan Other _____

Note: Bus/Trolley transportation will be provided for events/tours outside hotel on Wednesday and Thursday.