

ADVANCE CONVENTION REGISTRATION

North Carolina Seedsmen's Association

July 27-29, 2025

Sheraton Oceanfront Hotel, Virginia Beach, VA

REGISTRATION FEES

Adults	Fee
Delegate	\$200; if received after July 10, add \$25
Spouse/Guest	\$50; if received after July 10, add \$25

Children	Fee
14 & over	\$50
5 thru 13	\$35
4 & under	\$15

YOUR REGISTRATION FEES ADMIT YOU TO ALL MEETINGS AND SOCIAL EVENTS. REFUNDS WILL ONLY BE MADE IF WRITTEN CANCELLATION IS RECEIVED 72 HOURS IN ADVANCE OF CONVENTION DATE.

Closing date for advance registration is July 1

DO YOU PLAN TO STAY AT THE HOTEL? ___ YES ___ NO

LIST ALL ATTENDING AND **INDICATE (X)** THE FUNCTIONS THEY WILL ATTEND - Necessary to help us keep registration fees to a minimum **Print** or type each name as you want it to appear on your name tag. Copy this page for more names.

NAME	D-DELEGATE S-SPOUSE G-GUEST Y-YOUTH (AGE)	AMOUNT (SEE BLOCKS ABOVE)	SUNDAY BUFFET DINNER	Men's & Children's Breakfast	Children's Supervised Recreation	Ladies' Breakfast & Program	Children's Supervised Dinner & Entertainment	President's Banquet

Total Registration _____
 Golf, Outing or Tour Fees _____
 Membership Dues (\$75/year) _____
 Credit Card Transaction Fee (3.5% + \$0.15) _____
Total Amount Enclosed _____

For Office Use Only	
Date Rec'd	_____
Check No.	_____
Amount	_____

Firm Name _____ Telephone _____
 Address _____ Fax _____
 City _____ State _____ Zip _____ Email _____

_____ I wish to pay by credit card. By my signature and the information provided below, I hereby authorize payment by credit card for a one time only charge to NCSA.

****NOTE: Please add 3.7% + \$0.15 transaction fee to your total if paying by credit card. (MasterCard, Discover, Visa, American Express)**

CARD NO.: _____ EXP. DATE: _____ SECURITY CODE: _____ NAME ON CARD _____ PRINT _____
 _____ SIGNATURE _____

RETURN A COMPLETED COPY OF THIS FORM with your check made payable to:
 Send to: **North Carolina Seedsmen's Association**
 4335 Veterans Parkway, Garner, NC 27529