

AIS Region 4 Spring 2010 Meeting
Friday, May 7th & Saturday, May 8th
Embassy Suites Greensboro – Airport
204 Centreport Dr., Greensboro, NC 27409

Registration Form:

Name (1): _____ Chapter or Region: _____

Name Preferred on Nametag (1): _____

Name (2): _____ Chapter or Region: _____

Name Preferred on Nametag (2): _____

Name (3): _____ Chapter or Region: _____

Name Preferred on Nametag (3): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____ (optional)

Registration is limited to the first 55 received. Please send your registration early to be sure you're included.

Full Registration: \$110.00 x _____ person(s) = \$ _____

Youth Full Registration: \$80.00 x _____ person(s) = \$ _____

After **April 23rd**, the Full Registration will be **\$120.00** x _____ person(s) = \$ _____

Full registration includes all activities Friday night Welcome dinner buffet, charter bus transportation to the gardens on Saturday with lunch, and Saturday night Awards Banquet.

Total amount enclosed for registration(s): \$ _____. **NO REFUNDS AFTER May 1st.**

Meals: Please indicate your Saturday evening meal choices below. If responding for more than one registrant, indicate #1 or #2 to match names above.

_____ **Fillet of Salmon with a light maple flavor and Bourbon cream sauce**

_____ **Marinated Pork Loin served with roasted garlic and mushrooms**

_____ **Vegetarian**

If you have special dietary needs, please contact us, or give information on back of form.

Send completed Registration form with check payable to **ENCIS** to:

Glenn Grigg, Registrar
105 Trotters Ridge Drive
Raleigh, NC 27614-9620

For additional information contact:
Susan Grigg
Phone: (919) 870-8345 or (919) 971-4012
Email: irismom@nc.rr.com