

AIS Region 4 Spring 2024 Meeting
Friday April 26th and Saturday, April 27th
Charlotte, North Carolina

Tours of Five Gardens on Friday and Saturday
Including two hours of in-garden judges training
Optional Garden Tour on Sunday

Registration Form

Name (1): _____ Chapter or Region:

Name (2): _____ Chapter or Region:

Street Address: _____

City: _____ State: _____ ZIP: _

Phone:

E-mail:

Full Registration: **\$95.00** x _____ person(s) = \$

Youth Registration: **\$60.00** x _____ person(s) = \$

After April 4th, the Full Registration will be: **\$115.00** x _____ person(s) = \$

(Registration includes dinner on Saturday and lunch on Friday and Saturday)

Total Amount Enclosed: \$

Dietary Restrictions:

CARPOOL DRIVER VOLUNTEERS

Willing to Be a Driver Spring 2024 Regional Meeting : Yes • No • (Must have seating of 3-5 available)

Type of Vehicle _____ # of passengers already riding with you _____

Number of available spaces. _____

Send completed Registration Form with a Check made payable to *CIS (Charlotte Iris Society)* and mail by April 4th to:

Charlotte Iris Society
P.O. Box 25864
Charlotte, NC 28229-5864
csimoncpa@carolina.rr.com