



# NCADA 2021 Fall Seminar September 19-21, 2021

## ADVANCE REGISTRATION FORM

NC State Bar Number \_\_\_\_\_ Name for Badge \_\_\_\_\_

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ Cell#: \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_ Name for Badge \_\_\_\_\_

Please list names of children attending for badges: \_\_\_\_\_

**FEES:** Includes cost for individual member attending program & social functions; & spouse/guest attending social functions when applicable.

On or Before Sept. 10	After Sept. 10	
<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	Member ___ In Person ___Virtual
<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	Individual Government/Public Sector /Insurance Claims Rep ___ In Person ___Virtual
<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	Paralegal Member ___ In Person ___Virtual
<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<b>Spouse/Guest</b> (includes all receptions, Monday Dinner, & Awards Luncheon)
<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	Individual Non-Member ___ In Person ___Virtual
<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	Judges & Other Guests ___ In Person ___Virtual
<input type="checkbox"/> \$45 x ___ <input type="checkbox"/> \$75 x ___ = _____	<input type="checkbox"/> \$55 x ___ <input type="checkbox"/> \$85 x ___ = _____	<b>Per Child</b> Attending the Monday Dinner (Children's Buffet for Guests 12 years old and under) <b>Per Adult Guest</b> Attending the Monday Dinner* (Age 13 & over for additional guests)
<input type="checkbox"/> \$75 x ___	<input type="checkbox"/> \$75 x ___	<b>President's Dinner: An Evening With The Judiciary</b> —Sunday evening, space is limited
\$	\$	<b>REGISTRATION AMOUNT ENCLOSED NO REFUNDS for cancellations after September 10, 2021</b>

<b>SOCIAL ACTIVITIES</b>	# of Adults	# of Kids
Welcome Reception, Sunday		
President's Dinner, An Evening with the Judiciary (additional fee applies)		
Monday Dinner (Ticketed event, register children and guests above)*		

**PAYMENT:** By credit card or please make checks payable to NCADA and mail with completed registration form to:  
**NCADA, 4030 Wake Forest Rd., Ste. 203, Raleigh, NC 27609** or email to [jenniferedwards@ncada.org](mailto:jenniferedwards@ncada.org)

MasterCard Visa AMEX Expiration Date : \_\_\_\_\_ Card Security Code: \_\_\_\_\_

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

Billing Address of Cardholder: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_