

4th QUARTER BOARD MEETING & INSTALLATION
The Carolina Hotel, Pinehurst, NC
December 14, 2021

REGISTRATION FORM

PLEASE CHECK ALL MEETINGS, RECEPTION AND/OR DINNER WHICH YOU PLAN TO ATTEND

Tuesday, December 14, 2021

- | | |
|---|--|
| <input type="checkbox"/> Associate Members | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Building Codes | <input type="checkbox"/> Membership |
| <input type="checkbox"/> BUILD-PAC | <input type="checkbox"/> NC Professional Women in Building |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Past Presidents Council Meeting |
| <input type="checkbox"/> Construction Careers | <input type="checkbox"/> Local HBA President's Meeting |
| <input type="checkbox"/> High Performance Building Council | <input type="checkbox"/> Executive Committee |
| <input type="checkbox"/> Land Development, Regulatory Affairs & Workforce Housing | <input type="checkbox"/> Director's Meeting |
| | <input type="checkbox"/> Networking Social |
| | <input type="checkbox"/> Reception, Installation & Dinner |

HOTEL INFORMATION: DEADLINE FOR ROOM RESERVATIONS IS NOVEMBER 22! [Click here to book your room](#) or call (855) 402-8809. Be sure to mention you are with the NC Home Builders Association group in order to receive the group rate is \$146 single or double occupancy per night.

First Name: _____ Last Name: _____ Designation(s): _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____ HBA of: _____

Will spouse attend Banquet? Yes No

Spouse First Name: _____ Spouse Last Name: _____

Please list any special dietary needs: _____

Is this the first time you have attended a state function? Yes No

Attendance is **FREE** for NCHBA State Board of Directors, State Officers, Local Executive Officers & Elected Secretaries, State Committee Members, and NCHBA Sponsor Club Members and their spouse or guest. **You MUST pre-register for the dinner.**

There is a \$75 per person charge for anyone not serving in some capacity on the state level.

Payment can be made by check (*made payable to NCHBA*) or credit card. Please complete the following:

Check # _____ Visa MasterCard American Express Amount Authorized: \$ _____

Card#: _____ Exp Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Print Name as it Appears on Card: _____

Signature: _____

RETURN FORM BY DECEMBER 9

After this date you must register onsite.

Mail to: NCHBA, P. O. Box 99090, Raleigh, NC 27624

Fax to: (919) 676-0402

Email to: abarnes@nchba.org

For NCHBA Use Only

Date Rec'd: _____

Check#/CC: _____

Amount Paid: _____

Paid By: _____