



# 2008 NCPMA Mapping School Registration

July 28-August 1, Greenville NC  
<http://school.ncpma.net>

Make checks payable to "NCPMA"  
and mail with this form to:

Steve Randone  
Brunswick County MIS  
PO Box 249  
Bolivia NC 28422  
Phone 910-253-2390  
Fax 910-253-2399

**Deadline: June 26, 2008**

**Name:** \_\_\_\_\_  
Last First MI Designation (CMS, GISP, etc.)

**County/Organization:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Email:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Dept.** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
Area Code Number Ext. Area Code Number

**Please check one in each of the columns below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Regular Mapping Class  | <input type="checkbox"/> NCPMA-Member (Fee = \$200.00*) |
| <input type="checkbox"/> Advanced Mapping Class | <input type="checkbox"/> Non-Member (Fee = \$230.00*)   |

**I will attend:**

TBA – President’s Reception on Monday Night  yes  no

TBA – Wednesday Night Social \*  yes  no

\* The cost of the social is \$25.00 (not included in tuition). This covers entertainment and dinner

**Total Amount Enclosed:** \$ \_\_\_\_\_  **Return Receipt Requested**

Please complete this entire form and mail to the address in the box in the upper left-hand corner of this form. Direct any questions to Steve @ 910-253-2390 or [srandone@brunscos.net](mailto:srandone@brunscos.net)

**Make all checks payable to NCPMA.**

**Registration deadline: June 26<sup>th</sup>.**

**To Pre-Register:** Fax this application to Steve @ 910-253-2399. Payment can be mailed or accepted at registration.

- **Cancellation Policy:** Refunds for cancellations requested more than 30 days before the event will be given in full. Cancellations between 16 and 30 days before the event will be refunded at 50%. After that date, **no refunds will be issued.** Any cancellations may substitute another person to take their spot without penalty. Those who pre-register without pre-paying and do not attend or who cancel late **will still be responsible for paying** for the registration, or whatever portion that would not be refunded, had it been pre-paid.

By signing below, I acknowledge that I have read the cancellation policy above, understand it, and will comply with it. If I pre-register without pre-paying and do not attend mapping school, I am still responsible for the registration fee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_