



NACAT 2009 Family Activities Registration Form
Must be received by July 15, 2009
(Please Print)

Name: _____

Address: _____

City: _____ State/Province: _____

Postal/ZIP Code: _____ Phone: _____

Organization: _____

Please indicate below which activities you are signing up for, how many people will be attending, and total cost.

<u>Day</u>	<u>Destination</u>	<u>Cost</u>	<u># of Tickets</u>	<u>Total Cost</u>
Monday	Concord Mills	No Trip Charge	_____	\$ _____
Tuesday	Carowinds	\$40 - Adults	_____	\$ _____
		\$34 - Children/Seniors	_____	\$ _____
Wednesday	Discovery Place	\$14 - Adults	_____	\$ _____
		\$11 - Children	_____	\$ _____
Thursday	Latta Plantation	\$10 - Picnic	_____	\$ _____
TOTAL BEING REMITTED:				\$ _____

Payment: Check (make checks payable to CPCC/NACAT09)
 Charge my (circle one) MasterCard, Visa, AmEx

Credit Card Number _____

Expiration Month/Year _____ Card Verification Number _____

Mail completed form and appropriate fees to:
NACAT 2009 Conference
Attention: Sheila Priest
Central Piedmont Community College
PO Box 35009
North Campus – TS Bldg. Suite 200
Charlotte, NC 28235-5009
OR

You can fax or email the form with payment information to Sheila Priest at:

Fax Number: 704-330-4120

Email Address: Sheila.priest@cpcc.edu