



# 2018 NCGTS Online Registration Form

**2018 NCGTS Registration Fee – \$725. One Person for Each Registration Form Please!** Paid registrations reserve your seminar seat. The 2018 Registration Fee of \$725 includes the following: ♦ Single room; private bath ♦ All required participant fees ♦ Three 3 nights /4 days accommodations ♦ Nine (9) meals, daily snacks, & refreshments ♦ Day & evening seminar sessions ♦ Pre-seminar reception on Thursday afternoon ♦ All food family style or buffet (TH supper – SUN lunch) ♦ Access to private beach area ♦ Seminar supplies

Provide Your First and Last Name \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

College, University, or Institutional Affiliation \_\_\_\_\_

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Years of Teaching Experience \_\_\_\_\_ Teaching Area / Discipline \_\_\_\_\_

Name Preferred for Name Tag \_\_\_\_\_ Indicate Gender \_\_\_\_\_

Dietary and/or Mobility Concerns/ Other Comments (specify)

Method of Payment: Check \_\_\_\_ Fax \_\_\_\_ Credit Card \_\_\_\_ Amount enclosed or paid: \$ \_\_\_\_\_

*(group discount rates: 1-3 / \$725; 4-6 / \$695; 7-9 / \$650; 10+ / \$615)*

By submitting this form you accept the terms of the NCGTS refund/cancellation policy. The NCGTS registration deadline is Friday, January 20, 2019. No Refunds are made AFTER December 16, 2016. Cancellations and/or refunds requested before December 09, 2017 will be refunded less a \$150 administration fee. All notices of cancellation and/or requests for refunds must be made in writing and sent electronically (email) to **Pete Golden – Director of the Center for Teaching and Learning, Sandhills Community College, 3395 Airport Road, Pinehurst, NC 28374**. Registrants who are unable to attend are encouraged to send a substitute.

**Questions? Contact NCGTS Coordinator Pete Golden – (910) 695.3959 or goldenp@sandhills.edu. Checks should be made payable to: Sandhills Community College, 3395 Airport Road, Pinehurst, NC 28374**

**Fax – 910.246.4113**

**North Carolina Great Teachers Seminar Credit Card Payment Request**

***Required Information:***

Name on card:

Card # \_\_\_\_\_ Amount To be Billed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVV # on back of card \_\_\_\_\_