NCHPS 2014 FALL MEETING REGISTRATION FORM
VENDOR REGISTRATION

October 2nd & 3rd, 2014

SHERATON GREENSBORO HOTEL AT FOUR SEASONS/JOSEPH S. KOURY CONVENTION CENTER
3121 High Point Road, Greensboro, North Carolina 27407

A block of rooms has been reserved for OCT 1st and 2nd at the rate of $119.00/night, excluding taxes.

Hotel phone number is 336-292-9161  Ask for group reservations.
Room reservation cut-off date is September 26th, 2014.

Professional Enrichment Program (PEP Course):
“DOT/IATA Refresher” Ben Edwards
AAHP and ASRT Continuing Education Credits will be applied for.

Featuring Presentations on radioactive materials, environmental physics, medical uses

Scheduled Presentations and Speakers
To Be Announced

We value and appreciate our vendors. Thank you for your continued support of our North Carolina Chapter.

Name for badge: (First) __________________  (Last) _______________________________
Affiliation (for badge): _________________________________________________________
City: __________________________ State: ______ Zip/Postal Code: ____________
Business Phone: __________________ FAX: ________________________________
Email: __________________________

Business Website URL: www.________________________________________________________________________

Representative name(s): ____________________________________________________________

**Please e-mail a high-res logo for our brochure/event posters to mark.pflug@conehealth.com

<table>
<thead>
<tr>
<th>Meeting Registration</th>
<th>Early registration (Before 9/5/2014)</th>
<th>Preregistration (9/6/2014-10/1/2014)</th>
<th>Day of Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Vendor – Affiliate</td>
<td>$275</td>
<td>$285</td>
<td>$295</td>
</tr>
<tr>
<td>□ Vendor – Non-Affiliate</td>
<td>$375</td>
<td>$385</td>
<td>$395</td>
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<tr>
<td>Table Fee</td>
<td>$25</td>
<td>$30</td>
<td>$35</td>
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□ I plan on attending the Thursday Night Dinner
Note: Thursday Night Dinner included in registration
□ EXTRA Per Guest for Thursday Night Dinner
$25 x _____ = ______ $30 x _____ = ______ $30 x _____ = ______

REGISTRATION TOTAL

□ PEP Course
Included

□ Donation (optional) But Greatly Appreciated
Included

CONFERENCE TOTAL ENCLOSED

Please make checks payable to: North Carolina Health Physics Society (NCHPS) We cannot accept POs or Credit cards
Mail Registration Form to: NC HPS, Todd Becker, Treasurer PO Box 37638, Raleigh, NC 27627

PRE-REGISTRATION ENDS October 1st 2014 (10/1/2014) SIGN UP EARLY AND SAVE $$$$