

## NCCBI ANNUAL MEETING TICKET ORDER FORM

*Please complete this page and fax it to NCCBI at 919-836-1425, then mark your calendar for the event on Wednesday, March 17, at the Raleigh Convention and Conference Center*

☐ **Important! Please check here if your company is a Second Mile Campaign sponsor**

**Note:** Luncheon and reception tickets purchased together are \$100, a savings of \$20 over individual prices.

● We plan to attend the luncheon, featuring an address by Charlotte Bobcats owner Robert L. Johnson, presentation of the Citation for Distinguished Citizenship to N.C. Mutual Life Insurance Co. Chairman Bert Collins and the Citation for Distinguished Public Service to Justice Burley Mitchell Jr. We will need a total of \_\_\_\_\_ tickets at \$60 each:

**Attendees and company they represent:** *(Please print or type names as you would prefer they appear on name tags)*

Name \_\_\_\_\_  
Company \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_

● We plan to attend the heavy hors d'oeuvres reception honoring members of the General Assembly, judiciary and executive branches. We will need a total of \_\_\_\_\_ tickets at \$60 each:

**Attendees and company they represent:** *(Please print or type names as you would prefer they appear on name tags)*

Name \_\_\_\_\_  
Company \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_

Name \_\_\_\_\_  
Company \_\_\_\_\_

*If you have more than four attending, please list their names on a separate sheet and fax it back with this form*

For payment, please: ☐ Bill my Visa card ☐ Bill my MasterCard ☐ Bill my American Express ☐ Payment enclosed.

If you register but are unable to attend, substitutions are welcome any time prior to the program date. Confirmation and tickets will be mailed upon receipt of payment. Cancellations must be made by 5 p.m. on March 10, 2004, for a refund. If you purchase a ticket but do not attend the event, no refund will be made.

Card # \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Name on card \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing address \_\_\_\_\_  
\_\_\_\_\_  
Daytime phone \_\_\_\_\_

**Thank you!** So we'll know the proper person to call if we have a question, please give us a contact name:

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Daytime phone \_\_\_\_\_

*If you have any questions about your tickets, please call Marsha Lewandowski at 919-836-1400*