

2024 NC MUSCADINE CONFERENCE REGISTRATION

Primary Registrant _____

Farm/Company/Institution _____

Email _____

Names of additional persons in this registration _____

FRIDAY, MARCH 15 (indicate number of people)

Members (\$25 ea) _____ Non-members (\$35 ea) _____ Student/Extension (\$25 ea) _____

SATURDAY, MARCH 16

Members (\$75 ea) _____ Non-members (\$125 ea) _____ Student/Extension (\$50) _____

Friday evening Dutch Treat dinner? Number of people attending _____

Do you have any special dietary or accessibility needs? (If multiple registrants, please specify who)

TOTAL REGISTRATION FEES: \$ _____

For forms received after March 10 or at the door, add \$10/person to fees.

MEMBERSHIP DUES New _____ Renewal _____ (

_____ Member (family/farm/individual) - \$50

_____ Associate Member (suppliers/services, supporter) - \$150

_____ Student/Extension - \$25

_____ Already a 2024 member or not paying dues at this time

TOTAL DUES \$ _____

TOTAL PAYMENT DUE \$ _____

PAYMENT _____ Credit/Debit card _____ Check _____ Paying on site

Credit/Debit # _____ Exp. Date _____

Zip code associated with the card _____

Mailing Address _____

Phone # 1 _____ Phone # 2 _____

Website _____

Please circle all that apply to you:

Grower/Producer Winery Research/Extension Student Supplier/services Home Gardener

Other _____

Send your registration to: NCMGA 2950 Lindsay Rd P.O. Box 45 Raeford, NC 28376 or email to ncmgasec@gmail.com.

Questions? Call 910-578-2715